# REPORTS OF THE PUBLIC HEALTH COMMITTEE ON THE WORK OF THE VARIOUS INSTITUTIONS AND DEPARTMENTS UNDER ITS ADMINISTRATION FOR THE YEAR ENDED 31st DECEMBER, 1961.

*Presented to the States on 11th September, 1962, by Senator T. G. Le Marinel, President of the Public Health Committee.*

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## STATES OF JERSEY.

11th September, 1962.

THE PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly Reports on the work of the various institutions and departments under its administration for the year ended 31st December, 1961.

THE STATES ordered that the said Reports be printed and that copies thereof be distributed to the Members of the Assembly.

A. D. Le BROCQ,
*Deputy Greffier of the States.*

## *PUBLIC HEALTH COMMITTEE.*

## REPORT FOR 1961.

The outstanding event of 1961 was undoubtedly the completion of the new Crematorium at Westmount. The dedication service was held on 19th December, 1961, in the presence of His Excellency the Lieutenant Governor and Lady Erskine, the Lieutenant Bailiff and Mrs. Le Masurier and other invited guests. The Committee would like to take this opportunity of thanking The Very Reverend Canon A. S. Giles, C.B., C.B.E., M.A., Dean of Jersey and Reverend N. C. Wooldridge, B.D., President of the Jersey Free Church Federal Council, for conducting the service and also all those who have helped to bring into being a project which is obviously fulfilling a long felt need.

During the year 1961, Mr. A. C. Halliwell retired from the post of senior surgeon at the General Hospital, after having given long and valuable service to the Island. He will be greatly missed by all who have had the pleasure of working with him and the Committee is pleased to have the opportunity of placing on record its appreciation of his faithful and invaluable service to the community in general. The Committee is very happy that Mr. Halliwell has agreed to accept the post of Honorary Consulting Surgeon at the Hospital, in recognition of the outstanding work which he has performed during the past thirty years.

The Committee also wishes to take this opportunity of welcoming Mr. St. J. Birt who has succeeded to the post of senior surgeon in place of Mr. Halliwell.

The Committee was also fortunate to secure the services of Mr. J.G.B. Myles, who replaces Mr. Birt as assistant surgeon. With his training and experience, particularly in orthopædic surgery, Mr. Myles will undoubtedly contribute greatly to the continued high standard and efficiency at the General Hospital.

Although the Private Wing at the General Hospital could not be completed during 1961, by the end of the year arrangements were well in hand for the opening in January, 1962. The new Theatre Suite actually came into use before the end of the year, as did the X-Ray Department and the Committee is happy that, with the use of these two new departments, with their highly specialized and modern equipment, it is able to offer greatly improved service to the public.

Alterations at the Jersey Maternity Hospital were commenced towards the end of the year and the new ward day room, the additional staff accommodation and the new stores will greatly help to alleviate the problem of overcrowding.

In June, 1961, the Committee sought the advice of the Ministry of Health as to the suitability of providing additional accommodation for aged and infirm persons, at either Sandybrook Hospital or the former Home for Girls at Grouville but, following the visit of the Ministry of Health representatives, it was obvious that the Committee had to consider the matter from a much wider point of view. As a result, a report is being prepared for presentation to the States during the Spring session of 1962,(1) setting out the Committee's recommendations to help overcome the entire problem of the care of aged and infirm persons in the Island. As a short-term measure, however, and to deal with the acute problem presented during the winter months, the Committee commenced work towards the end of the year, on the adaptation of the former Home for Girls at Grouville, to accommodate a number of old people. Whilst this will help to relieve the congestion at the other institutions, the Committee envisages a tremendous amount of work within the next few years before facilities in keeping with modern methods of caring for the elderly and infirm can be provided.

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(1) P—41 of 1962.

On 1st September, 1961, the administration of the Occupation Centre for Mentally Defective Children was transferred to the Education Committee, although, at the present moment, the Centre is still housed at the former Home for Girls at Grouville. It was considered that these children should more appropriately be in the care of the Education Committee, particularly as the accommodation occupied by the Centre is urgently required for further development in respect of the aged and infirm.

It is with deep regret that the Committee records the death of Mr. R. J. Rider, a former Deputy and member of the Public Health Committee. He will be remembered with great respect and affection and, knowing the excellent service which he rendered to the community, both in Jersey and in England, the Committee can truly appreciate the great loss suffered by his family.

In conclusion, the Committee would like to thank all the members of the various staffs under its administration for their unfailing help and hard work throughout the year.

## GENERAL HOSPITAL REPORTS.

The reports submitted to the Committee on the work of the various Departments at the General Hospital show that the number of attendances at the various clinics has again increased considerably ; the increase being 7,236 as against the previous increase of only 2,346.

### *Medical Department.*

Dr. Bentlif, in his report, states that the most prevalent complaint in 1961 was intra-intestinal bleeding, and in most cases this was due to a diagnosable cause, that is duodenal ulcer and gastric ulcer, but in many cases, however, he was unable to discover the exact cause of the bleeding. In some cases it was undoubtedly due to drugs, namely aspirin and Butazolidin, and cessation of these preparations resulted in no further bleeding. Dr. Bentlif considers, however, that in many cases there is just a possibility that the hæmorrhages may be due to chronic alcoholism, but unfortunately, the amount of research necessary to make a positive diagnosis is so involved that it is quite impossible to carry out these investigations in Jersey.

Dr. Bentlif also reports that the number of diabetics shows no sign of decreasing and that, for a small island, the total number of diabetics attending the Hospital is truly outstanding. In his opinion, the introduction of a Diabetic Clinic, if the requisite space is available, might become necessary in the future.

Fortunately, the cases of cancer of the lung diminished during the year, although Dr. Bentlif is convinced, like Dr. A. S. Darling, the Medical Officer of Health, that heavy smoking is a potent cause of this dreaded disease.

During the year, it was necessary to transfer several cases, the majority neurological, to the Middlesex Hospital for further diagnosis and treatment. Dr. Bentlif again expresses his appreciation to Dr. Michael Kremer, the Physician in charge of nervous disorders at the Middlesex Hospital, for his interest and co-operation in admitting patients at very short notice. Thanks are also due to Dr. Lee Lander of the Royal Free Hospital for admitting, again at short notice, other medical cases that required further specialized treatment. Altogether, twenty-eight such cases were transferred.

Dr. Bentlif reports that in the Skin Clinic there has been a slight decrease of patients attending as compared with 1960, but the decrease is negligible. The number of visitors attending the Skin Clinic during 1961 was far less than in previous years, perhaps due to some indefinable cause. On the other hand, the Medical Clinic shows an increase of 263 patients.

The Special Clinic for Venereal Disease commenced in May, 1961 and it is obvious that such a Clinic was very necessary. The attendance naturally dropped towards the end of the year, but sufficient patients attended the Clinic to make it worthwhile keeping it open the whole year round.

The number of patients seen at the Medical, Skin and Special Clinics during the past three years was as follows.

| | 1961 | | 1960 | | 1959 | |
|---|---|---|---|---|---|---|
| SKIN CLINIC | | | | | | |
| Old Patients ... ... | 1601 | | 1623 | | 1293 | |
| New Patients ... | 391 | 1992 | 433 | 2056 | 472 | 1765 |
| MEDICAL CLINIC | | | | | | |
| Old Patients ... ... | 1225 | | 982 | | 816 | |
| New Patients ... | 78 | 1303 | 60 | 1042 | 80 | 896 |
| SPECIAL CLINIC | | | | | | |
| Old Patients ... ... | 177 | | — | | — | |
| New Patients ... | 104 | 281 | — | | — | |

### *Medical Clinic.*

Dr. R. O'Meara reports that, once again, the total number of patients attending this Clinic shows a marked increase and a total of 1,176 patients was seen, including 119 new patients referred by outside doctors. Many interesting cases were seen and there can be no doubt that this Clinic is fulfilling a need.

It is anticipated that when the new Cardiac Clinic is ready, the Medical Clinic will be transferred to the new quarters and Dr. O'Meara considers that this transfer should increase the Clinic's efficiency and make the work more pleasurable and rewarding.

The total number of cases seen over the past three years was as follows—

| 1961 | 1960 | 1959 |
|---|---|---|
| 1176 | 1072 | 882 |
| (including 119 new patients) | (including 93 new patients) | (including 82 new patients) |

## *Surgical Department.*

Mr. Birt and Mr. Myles report that 1961 was notable for the retirement of Mr. A. C. Halliwell, who had served the Hospital for a period of twenty-nine years. During this time the Hospital has changed from what was basically a Poor Law Institution into a first-class modern General Hospital, able to provide modern treatment for the vast majority of patients on the Island and they consider that this change has been due to Mr. Halliwell more than any other single individual. Having played a great part in the establishment of the Nurses' Training School in the Hospital, he will be remembered with affection by the nursing and medical staff.

On Mr. Halliwell's retirement, Mr. J.G.B. Myles, F.R.C.S., of St. Thomas' Hospital, London, was appointed Assistant Surgeon. Apart from a long training in general surgery, Mr. Myles has had a special training in orthopædic surgery and, as a result, all fracture and orthopædic cases are now seen by Mr. Myles and all gynæcological cases are seen by Mr. Birt.

Mr. Birt and Mr. Myles state that, as the number of patients attending the Clinics had gradually increased, it was found necessary to separate the Orthopædic and Fracture Clinics and, during the last three months of the year, there were two Fracture Clinics and one Orthopædic Clinic a week. By spreading the Clinics over the week, no patient has to wait more than forty-eight hours to be seen in a Clinic.

They also report that the wider use of the internal fixation of fractures rather than the use of Plaster of Paris has speeded up the recovery period following fractures. There are now six special fracture beds which are a great help in the treatment of lower limb injuries, not only from the point of view of the patient but also from that of the physiotherapists and the nursing staff. As funds become available they hope to increase the number of these beds.

The new Theatre Suite, which was opened at the end of the year, has proved to be a great advance on the old single Operating Theatre. It has the most modern equipment and incorporates a recovery ward, which every patient enters for a few hours immediately after his operation, while he is still unconscious and this has made it possible to introduce the latest anæsthetic techniques, which could not always be used previously when the patient had to return immediately to a busy ward.

Routine Statistics are as follows—

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| SURGICAL CLINICS | | | |
| Old Patients ... ... ... | 2294 | 2366 | 2160 |
| New Patients... ... ... | 891 | 734 | 713 |
| ORTHOPÆDIC CLINIC | | | |
| Old Patients ... ... ... | 185 | 1635 | 1529 |
| New Patients... ... ... | 76 | 513<br>(includes all fractures) | 438<br>(includes all fractures) |
| GYNÆCOLOGICAL CLINIC | | | |
| Old Patients ... ... ... | 436 | 451 | 280 |
| New Patients... ... ... | 197 | 181 | 138 |
| FRACTURE CLINIC | | | |
| Old Patients ... ... ... | 1453 | — | — |
| New Patients... ... ... | 508 | — | — |
| OPERATIONS ... ... ... | 1505 | 1377 | 1179 |

## *Cardiac Clinic.*

Dr. R. O'Meara reports that there has been a slight increase in the number of patients seen at the Clinic during 1961 and that the number now approximately corresponds to the number of patients seen in 1959. It is unlikely that the attendances will alter materially because, in the first place, a modified appointment system, which is always fully booked, is in operation, and secondly, because the incidence of heart disease, with the exception of Coronary Artery disease, remains largely unchanged.

During the year, five cases were transferred to England for Thoracic and Cardiac surgery, all of which were successful.

Dr. O'Meara considers, however, that the present Clinic is uncomfortable, too small and totally unsuitable for the amount of work carried out and he is gratified to learn that more suitable quarters are in the process of preparation.

Patients seen at the Clinic during the past three years were as follows—

| 1961 | 1960 | 1959 |
|---|---|---|
| 910 | 845 | 912 |
| (including 107 new) | (including 133 new) | (including 135 new) |

## *Ear, Nose and Throat Department.*

Mr. W.R. Denny states that the upward trend in both out-patient and in-patient work during 1961 has continued. With the imminent rehousing of the Out-patients' Department it will be easier to give an adequate service to out-patients but the in-patients situation remains difficult.

Mr. Denny hopes that, in the long term building programme, the possibility of an Ear, Nose and Throat and Eye Unit, with ready access to the new Theatre Suite, will be given serious and urgent consideration.

Statistics for the past three years are as follows—

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Number of attendances ... | 3715 | 3083 | 2622 |
| Number of operations ... | 475 | 382 | 388 |
| Minor operations ... ... | 219 | 176 | 127 |

## *Children's Department.*

Dr. H. L. Durell states that the extra cubicles which have long been contemplated and were finally built during the year, are going to make a tremendous difference to the nursing of children and to the time the ward has to be closed for infectious disease.

During the year, the Clinic attended to 511 old patients and 49 new patients. In the ward there were 307 admissions and 16 deaths, ten of which were due to congenital defects for which there is no remedy and five died within a day of admission. The remaining death was from meningitis.

During the year, nine children were transferred to England for further investigations or treatment—1 with tetanus, 1 for exchange transfusion, 2 with hydrocephalus, 2 for cerebral investigations and 2 for treatment of congenital heart disease.

Statistics for the past three years are as follows—

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Admissions to Ward... ... | 307 | 244 | 282 |
| NUMBER SEEN IN CLINIC | | | |
| Old Patients ... ... ... | 511 | 369 | 389 |
| New Patients ... ... ... | 49 | 40 | 62 |
| | 560 | 409 | 451 |

## *Psychiatric Clinic.*

Dr. L. O'Meara and Dr. J. W. Wishart make the following points in connection with the work of the Psychiatric Clinic during 1961.

Of the new patients, 45 were referred from the Medical and Surgical Wards.

274 patients were admitted to the Marie Louise Ward, of whom 36 were certified and 40 discharged to England and other places on the Continent.

There were 37 cases of attempted suicide during the year, of which 27 were females and 10 were males.

37 patients were admitted on account of acute alcoholism, of whom 5 were admitted more than once.

45 children were given intelligence tests during the year.

Dr. O'Meara and Dr. Wishart state that the work of the Psychiatric Department continues to increase and becomes more and more hampered by the insufficiency of In-Patient accommodation.

They look forward to the opening of the Day Centre in January of 1962 and for this purpose a hall has been hired at Great Union Road Chapel. A few in-patients will be able to attend there daily and enjoy a welcome change from the cramped, overcrowded Observation Ward. It will also obviate the need for admission of a few patients but the necessity for better in-patient accommodation remains urgent.

They consider that the opening of the Private Wing at the General Hospital will increase their difficulties, as no accommodation has been allotted for psychiatric cases, which cases will inevitably be admitted under another diagnosis. For example, patients admitted for investigation of somatic complaints who, in fact, though not obviously, are suffering from a depressive illness and are therefore potentially suicidal ; cases of post-operative psychosis ; and restlessness and agitation complicating some heart and other diseases.

Dr. M. J. Collins, Psychiatric Registrar at St. Saviour's Hospital, has attended at one adult and one Child Guidance Session per week since her appointment in June 1961, and this has greatly helped to relieve some of the pressure on the outpatient waiting list.

As this will be their last annual report in view of their retirement at the end of June, 1962, both Dr. O'Meara and Dr. Wishart wish to take the opportunity of thanking all the members of the Psychiatric team, with whom they have worked happily together over the years. They wish to make special mention of Miss E. M. Findlay, the Psychiatric Social Worker, who will also be retiring in 1962. It is largely due to her enthusiasm and drive that they were able to establish the Occupation Centre for mentally deprived children, and she has also done an enormous amount of work for the old people of the Island.

In conclusion, Dr. O'Meara and Dr. Wishart would like to express their thanks to the President and members of the Public Health Committee for their kindness over the years.

Statistics on the work of the Department for the past three years are as follows—

ATTENDANCES

| | 1961 | | 1960 | | 1959 | |
|---|---|---|---|---|---|---|
| ADULT CLINIC | | | | | | |
| Old Patients ... ... | 3819 | | 3388 | | 2800 | |
| New Patients... ... | 132 | 3951 | 230 | 3618 | 272 | 3072 |
| CHILD GUIDANCE CLINIC | | | | | | |
| Old Patients ... ... | 393 | | 335 | | 371 | |
| New Patients... ... | 63 | 456 | 52 | 387 | 40 | 411 |
| General cases, mainly geriatric ... ... | 167 | | 142 | | 142 | |

### *Eye Department.*

Dr. G. D. Harthan reports that during 1961 the work in the Department has been maintained and that it is with great pleasure that he is able to look forward, at last, to better and more spacious quarters. Looking still further ahead, he envisages a complete Ear, Nose and Throat Unit with its own ward, which could be easily housed in the present male Poor Law building after its evacuation.

Statistics on the work of the Clinic are as follows :

| | 1961 | | 1960 | | 1959 | |
|---|---|---|---|---|---|---|
| Eye Clinic | | | | | | |
| Old Patients ... ... | 1866 | | 2003 | | 1648 | |
| New Patients... ... | 541 | 2407 | 576 | 2579 | 608 | 2256 |
| Orthoptic Clinic | | | | | | |
| Old Patients ... ... | 715 | | 727 | | 725 | |
| New Patients... ... | 74 | 789 | 81 | 808 | 79 | 804 |
| Number of operations | 84 | | 74 | | 84 | |
| Number of minor operations ... ... | 97 | 181 | 101 | 175 | 46 | 130 |

### *X-Ray Department.*

Dr. P.A.W. Lea reports that the total attendances for the year 1961 were 13,346, an increase of 291 over the figure for 1960. This increase is considerably less than the annual increase of previous years and taken in conjunction with the figures for 1960 as compared with 1959, it might be an indication that the maximum demand on the X-Ray Department is being approached. If so, this would be very satisfactory, since the Department is obviously not able to cope with an unlimited demand.

The number of skin patients receiving X-Ray therapy in 1961 was approximately the same as the previous year.

The permanent staff was increased during the current year by the addition of an assistant darkroom technician.

The main item of interest during the year was the transfer of the Department to its new quarters in the Private Wing. This took place over a period of about two weeks during October and the move was carried out as planned. X-Ray facilities had to be restricted only for a day or two at one stage during the transition.

A new X-Ray machine and new darkroom processing equipment were purchased for the new department during the year and they have proved entirely satisfactory in use and have increased the working capacity of the Department from two machines to three. In the next few months, when the new Casualty Department is in operation, it will be possible to judge how successful are the reception and waiting facilities as, at the time of writing this report, out-patients have no access to the main waiting hall.

The number of orthopædic operations requiring X-Rays in the Operating Theatre has increased quite considerably since Mr. Myles joined the staff. This, of course, means that the services of one Radiographer are not available in the Department during the operation, since she is in the Theatre on these occasions, and should this coincide with the absence of another Radiographer owing to sickness, the Department finds itself very short staffed. Should the number of requests for Theatre X-Rays continue to increase, it may be necessary to consider employing an additional permanent Radiographer.

During the year an additional X-Ray Tube was purchased to provide improved facilities in the Theatre for the X-Ray control of pinning operations on fractured hips.

There were only a few isolated absences due to staff sickness during the year.

The visiting Physicist who advises on the Radium and Personnel safety precautions commented that the Staff were receiving very low doses of radiation, which represented a very high degree of personal care in protection.

Statistics for the past three years are as follows—

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Number of cases X-Rayed ... | 13346 | 13055 | 12417 |
| Attendances for superficial X-Ray Therapy Treatment... | 30 | 30 | 63 |

### *Casualty Department.*

| | 1961 | 1960 |
|---|---|---|
| Casualty ... ... ... ... | 44,943 | 39,767 |
| Out-patients ... ... ... ... | 25,074 | 25,019 |

### *Physiotherapy Department.*

Mr. Birt and Mr. Myles report that the work of the Physiotherapy Department is steadily increasing, and they have appointed an additional whole-time Physiotherapist. Shortage of space in the Department is a great problem and a gymnasium is badly required.

### *Dental Department.*

Mr. A. S. Swain reports that nine of the Island's country schools were visited and 1,049 children were examined.

Over 60% of the children required treatment and 58% of these attended for treatment.

There was a good deal of work on the surgical side, and this included 3 cysts of the jaws and 11 fractured jaws, almost twice the annual average.

It is a sign of progress to note that the number of children requiring emergency extractions due to pain is decreasing, as the effect of the full School Dental Service makes itself felt.

The weekly dental clinic was held at St. Saviour's Hospital and Overdale Hospital was visited as requested.

Statistics for the past three years are as follows—

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Total attendances at Clinic ... ... | 2007 | 2081 | 2342 |
| Total child attendances at Clinic ... | 1054 | 1275 | — |
| Adult attendances for extractions under anæsthetic ... ... ... ... | 595 | 564 | 568 |
| Child attendances for extractions under anæsthetic ... ... ... ... | 432 | 1153 | 1062 |
| Fillings for children ... ... ... ... | 689 | 728 | 594 |
| Children dentally examined at school | 1049 | 1845 | 2311 |
| Number of children found to be in need of treatment ... ... ... ... | 615 | 878 | 866 |
| Number who attended Clinic ... ... | 352 | 673 | 557 |

### *Pharmacy Department.*

The Chief Pharmacist, Mr. C. W. Harewood, reports that the output of the Department continued to rise during 1961 and the statistics reflect a phenomenal amount of work in relation to the staff employed. The increase of 10,000 outpatients' prescriptions is the largest single rise in any one year yet recorded, and it is interesting to recall that in 1953, the first full year for which records were kept, the corresponding figure was only 16,000. No doubt these increases account for the very much higher drug expenditure in spite of considerable price reductions in the cortisone and antibiotic groups of drugs.

The amount spent on surgical sundries and dressings has more than doubled this year and Mr. Harewood expects this amount to increase still further as a result of the adoption of many disposable nursing sundries, which is the modern trend in most hospitals and undoubtedly has some advantages. However, he considers that the haphazard and exuberant adoption of the use of disposable goods at the whim of individuals is to be deprecated and that it should be borne in mind that to throw away an item after use can be an insidious habit which may lower the value of other goods formerly treated with respect for their cost, the ultimate result of which will be very expensive. Mr. Harewood is of the opinion that the introduction or otherwise of disposable goods should be co-ordinated by an expert committee, which should objectively assess the advantages against increased costs and other difficulties, bearing in mind that the Hospital becomes totally dependent on the manufacturers and the vagaries of transport to the Island, to say nothing of the vast increase of storage space and storekeeping necessary.

Mr. Harewood states that the initial buying and issuing of nursing and surgical equipment for the Private Wing placed a considerable burden on the Department, which was exacerbated by intense congestion in the store and a disappointing lack of understanding on the part of surgical staffs in making still further demands on an already strained department. Regarding surgical and nursing equipment generally, manufacturers are finding this a fruitful field to explore, and new equipment is being introduced almost as fast as new drugs, and it may be necessary, in the future, to engage a technician to exclusively handle this part of the work.

An interesting event took place during May, when the Franco-British Pharmaceutical Congress was held in Jersey, and many delegates visited the Department and were entertained by the staff.

The Department's first student, Mr. D. Le Vesconte, successfully qualified as a pharmacist at the end of 1961 and bears the good wishes of all in the Hospital for a very successful career.

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Number of issues to wards and departments ... ... ... ... | 49,231 | 48,170 | 45,936 |
| Dangerous drugs issued to wards and out-patients ... ... ... | 1,470 | 1,313 | 1,002 |
| Surgical sundries issued ... ... | 13,094 | 11,626 | 10,591 |
| Surgical instrument repairs handled ... ... ... ... ... | 457 | 760 | 736 |
| Intravenous infusions, injections, etc., prepared ... ... ... | 1,811 | 2,997 | 2,285 |
| Sterile syringes complete, needles, transfusion sets and special items ... ... ... ... ... | 93,991 | 96,210 | 81,860 |
| Out-patient prescriptions (including N.H.S., Overdale and 9,790 pink prescriptions) ... | 51,510 | 41,706 | 37,433 |
| Sales to individuals, priced issues to other Hospitals and States' Institutions ... ... | 8,707 | 7,554 | 7,957 |
| Gas and oxygen cylinders issued | 1,215 | 1,346 | 1,291 |
| Urgent calls out of duty hours... | 41 | 64 | 84 |
| Lectures to nurses by pharmacist | 7 | 6 | 22 |
| Hearing Aid transactions... ... | 218 | 188 | 151 |
| Ministry of Health War Pensioners Appliance cases handled ... ... ... ... ... | 4 | NIL | 12 |
| Immunologicals issued direct to General Practitioners ... ... | 645 | 534 | 879 |
| Issues dispensed at St. Saviour's Hospital ... ... ... ... ... | 6,611 | 6,040 | 4,155 |

### *Pharmacy, Poisons and Medicines (Jersey) Law*, 1952.

The Chief Pharmacist, who undertakes the duties of Inspector under this Law, reports as follows—

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Visits to chemists, seedsmen, hairdressers and drug stores... | 29 | 30 | 33 |
| Visits to grocers and general stores ... ... ... ... ... | 92 | 109 | 79 |
| Visits to Nursing Homes and other Hospitals ... ... ... | 5 | 5 | — |
| Authorizations for purchase of Strychnine ... ... ... ... ... | 107 | 72 | 122 |
| Telephone queries ... ... ... | 19 | 34 | — |
| Letters ... ... ... ... ... ... | 15 | 9 | — |
| Test Purchases made ... ... | Nil | 3 | 1 |
| Investigations, Dexedrine for Medical Officer of Health ... | 1 | — | — |

Four English preparations, Alphosyl, Soberettes, Testonic and Gerioptil were criticized as being incorrectly labelled and, in all cases, the manufacturers agreed to make their labels comply with the Law.

### *Pathological Laboratory.*

Dr. E. Geal reports that the number of investigations performed shows a ten per cent. increase over 1960 and he hopes that a plateau in these figures may soon be reached.

The Blood Bank position is only just in equilibrium for supply and demand. An interesting fact emerges that the same over all quantity of blood is being used for an increased number of operations and this is thought to be due to recent advances in anæsthesia.

It is noticed that there was a considerable reduction in the amount of work from the Tuberculosis Department at Overdale Hospital.

Dr. Geal further reports that an histological survey of all post-mortem liver tissue is being made to confirm the high rate of cirrhosis in the Island and also that blood for examination is now collected by a Nursing Sister attached to the Laboratory, which procedure has proved most helpful to the Laboratory and Hospital Nursing Staffs.

A considerable effort is being made to bring the new Chemical Department into use early in 1962.

Dr. Geal also states that the Laboratory Staff has been below strength for considerable periods and, during the last two years, has been at full strength for only five months. Notwithstanding this, the Technical Staff has shown a great sense of responsibility and industry which is, unfortunately, too often taken for granted.

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Total number of examinations performed ... ... | 27,516 | 27,376 | 24,030 |

## *Chaplain's Report.*

The Reverend T. E. Fowler is happy to report that the attendances at Evensong greatly improved during the year. He still feels, however, that more spiritual help could be given to the patients if the Chapel was wired for sound and linked to the Hospital circuit, as the number of patients who are able to make the journey to the Chapel can never be very great.

The Reverend Fowler is grateful to the nurses and to the porters who are always so ready to help the patients in their journeys to the Chapel.

The formation of the Nurses' Choir has been of great help on the occasion of the Special Services and the Chaplain expresses his thanks to Miss Roberts and the nurses for their help in this respect.

| GENERAL HOSPITAL. | | OVERDALE. | |
|---|---|---|---|
| Communicants—Staff ... ... | 76 | Patients ... | 18 |
| Patients... ... | 121 | | |
| Baptisms ... ... ... ... ... ... | 11 | | |
| Burials ... ... ... ... ... ... | 5 | | |
| Confirmation—Nurses ... ... | 4 | | |
| Pre-examination intercession services ... ... ... ... ... | 2 | | |
| Lectures PTS ... ... ... ... | 1 | | |

# GENERAL HOSPITAL.
# STATISTICAL TABLES.

Statistics for the year to 31st December, 1961.

## IN-PATIENTS.

| | |
|---|---|
| Number of Patients at beginning of the Year | 107 |
| Number of Patients admitted during the Year | 4,547 |
| Number of Patients at the end of the Year | 126 |
| Average number of Patients resident daily throughout the Year | 143 |

Annual expenditure on In-Patients and average cost of each In-Patient per week.

| | Expenditure on In-Patients | Average cost of each In-Patient per week | | |
|---|---|---|---|---|
| | £ | £ | s. | d. |
| Provisions | 26,706 | 3 | 11 | 8 |
| Surgery and Dispensary | 25,674 | 3 | 8 | 10 |
| Domestic | 18,693 | 2 | 10 | 2 |
| Salaries and Wages | 140,250 | 18 | 16 | 2 |
| Miscellaneous | 4,836 | | 12 | 11 |
| Administration | 7,806 | 1 | 0 | 11 |
| Establishment, Renewals and Repairs | 6,433 | | 17 | 3 |
| | £230,398 | 30 | 17 | 11 |

# GENERAL HOSPITAL.
# STATISTICAL TABLES.

## Statistics for the year to 31st December, 1961.

## OUT-PATIENTS DEPARTMENTS.

### New Patients and Attendances.

| Departments | New Patients | Attendances |
|---|---|---|
| Casualty and Daily Clinics ... ... | 10,807 | 44,943 |
| Eye ... ... ... ... ... ... ... | 541 | 2,407 |
| E.N.T. ... ... ... ... ... ... | 788 | 3,715 |
| Skin ... ... ... ... ... ... ... | 391 | 1,992 |
| Medical ... ... ... ... ... ... | 197 | 2,479 |
| Cardiac ... ... ... ... ... ... | 107 | 910 |
| Surgical ... ... ... ... ... ... | 891 | 3,185 |
| Pædiatric ... ... ... ... ... ... | 49 | 560 |
| X-Ray... ... ... ... ... ... ... | 9,425 | 11,143 |
| Dental ... ... ... ... ... ... | 691 | 2,007 |
| Physiotherapy ... ... ... ... ... | 1,029 | 11,365 |
| Orthopædic ... ... ... ... ... | 584 | 2,222 |
| Psychiatric ... ... ... ... ... | 205 | 3,205 |
| Orthoptic ... ... ... ... ... ... | 74 | 789 |
| Gynæcological ... ... ... ... ... | 197 | 633 |
| Special Clinic ... ... ... ... ... | 104 | 281 |
| | 26,080 | 91,836 |

# GENERAL HOSPITAL.
# STATISTICAL TABLES.

Statistics for the year to 31st December, 1961.

## OUT-PATIENTS.

| | |
|---|---|
| Total Number of New Out-Patients ... ... ... ... ... | 26,007 |
| Total Number of Out-Patient Attendances ... ... | 91,362 |

Annual expenditure on Out-Patients and average cost of each Out-Patient Attendance.

| | Expenditure on Out-Patients | Average cost of each Out-Patient Attendance |
|---|---|---|
| | £ | d. |
| Provisions ... ... ... ... ... ... | 1.978 | 5.21 |
| Surgery and Dispensary ... ... ... | 20.013 | 52.57 |
| Domestic ... ... ... ... ... ... | 2.254 | 5.92 |
| Salaries and Wages ... ... ... ... | 30.566 | 80.29 |
| Miscellaneous ... ... ... ... ... | 1.170 | 3.07 |
| Administration ... ... ... ... ... | 4.199 | 11.03 |
| Establishment, Renewals and Repairs | 1.065 | 2.79 |
| | 61.245 | 160.88 |

# STATEMENT OF AFFAIRS

to December 31st, 1961.

## General Hospital Statement of Affairs

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| HOSPITAL BALANCES AS AT 1st JANUARY, 1961. | | | | | | |
| Amount due from Paying Patients ... ... ... ... | 13,295 | 14 | 4 | | | |
| Amount due from X-Ray... | 2,747 | 19 | 10 | | | |
| Amount due from Physiotherapy ... ... ... ... | 1,068 | 0 | 1 | | | |
| Amount due from Sundries | 473 | 14 | 3 | | | |
| Amount due from Special Drugs ... ... ... ... | 1,133 | 16 | 10 | | | |
| Amount due from Parishes | 3,751 | 17 | 6 | | | |
| | | | | 22,471 | 2 | 10 |
| TREASURER OF THE STATES OF JERSEY. | | | | | | |
| Expenditure during the 12 months to date on the following Votes : | | | | | | |
| Salaries and Wages ... | 218,150 | 14 | 6 | | | |
| Maintenance and Supplies ... ... ... ... | 122,517 | 5 | 2 | | | |
| Renewals and Repairs to Buildings, Plant and Insurance ... ... ... | 8,626 | 13 | 7 | | | |
| Pensions... ... ... ... | 1,350 | 9 | 0 | | | |
| Special Treatment Fund | 3,054 | 18 | 10 | | | |
| Superannuation C. in S. | 2,932 | 8 | 1 | | | |
| Special Appliances in Suspense ... ... ... | 6 | 0 | 0 | | | |
| | | | | 356,638 | 9 | 2 |
| EXTRA-ORDINARY EXPENDITURE. | | | | | | |
| Extension ... ... ... ... ... | 49,184 | 19 | 10 | | | |
| Equipment for Housing of Aged ... ... ... ... | 221 | 12 | 2 | | | |
| Equipment for Extension... | 21,516 | 15 | 3 | | | |
| Preliminary Expenses *re* Extension ... ... ... | 21 | 0 | 0 | | | |
| | | | | 70,944 | 7 | 3 |
| HOSPITAL BALANCES AS AT 31st DECEMBER, 1961. | | | | | | |
| Superannuation Contributions in Suspense ... ... | 180 | 18 | 0 | | | |
| Special Appliances in Suspense ... ... ... ... | 69 | 10 | 0 | | | |
| | | | | 250 | 8 | 0 |
| | | | | £450,304 | 7 | 3 |

## for the Year ended 31st December, 1961.

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| HOSPITAL BALANCES AS AT 1st JANUARY, 1961. | | | | | | |
| Contributions in Suspense | 101 | 9 | 11 | | | |
| Appliances in Suspense ... | 52 | 0 | 0 | | | |
| | | | | 153 | 9 | 11 |
| TREASURER OF THE STATES OF JERSEY. | | | | | | |
| Receipts during the 12 months to date under the following Heads :— | | | | | | |
| Interest on Investments | 407 | 13 | 4 | | | |
| Sundries... ... ... ... | 17,014 | 10 | 0 | | | |
| Parishes ... ... ... ... | 15,190 | 10 | 0 | | | |
| Contributions in Suspense ... ... ... ... | 3,011 | 16 | 2 | | | |
| Special Appliances in Suspense ... ... ... | 23 | 10 | 0 | | | |
| | | | | 35,647 | 19 | 6 |
| MAINTENANCE ACCOUNT | | | | | | |
| Hospital for 12 months to date... ... ... ... ... | 325,402 | 4 | 3 | | | |
| Appropriation Account ... | 2,481 | 0 | 0 | 327,883 | 4 | 3 |
| EXTRA-ORDINARY EXPENDITURE. | | | | | | |
| Extension ... ... ... ... | 49,184 | 19 | 10 | | | |
| Equipment for Housing of Aged ... ... ... ... | 221 | 12 | 2 | | | |
| Equipment for Extension... | 21,516 | 15 | 3 | | | |
| Preliminary Expenses *re* Extension ... ... ... ... | 21 | 0 | 0 | | | |
| | | | | 70,944 | 7 | 3 |
| HOSPITAL BALANCES AS AT 31.12.61. | | | | | | |
| Amount due from Paying Patients ... ... ... ... | 4,050 | 10 | 6 | | | |
| Amount due from X-Ray... | 3,563 | 4 | 7 | | | |
| Amount due from Physiotherapy ... ... ... ... | 1,082 | 0 | 11 | | | |
| Amount due from Special Drugs ... ... ... ... | 1,758 | 13 | 3 | | | |
| Amount due from Sundries | 996 | 17 | 1 | | | |
| Amount due from Parishes | 4,224 | 0 | 0 | | | |
| | | | | 15,675 | 6 | 4 |
| | | | | £450,304 | 7 | 3 |

# MALE POOR LAW DEPARTMENT.

## STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1961.

| | |
|---|---|
| Number of Inmates at the beginning of the Year ...... | 53 |
| Number of Inmates admitted during the Year... ... ... | 51 |
| Number of Inmates at the end of the Year ... ... ... | 51 |
| Average number of Inmates resident daily throughout the Year ... ... ... ... ... ... ... ... ... ... ... | 52 |

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

| | Expenditure on Inmates | Average cost of each Inmate per week | | |
|---|---|---|---|---|
| | £ | £ | s. | d. |
| Provisions ... ... ... ... ... ... | 5,144 | 1 | 17 | 11 |
| Surgery and Dispensary ... ... ... | 679 | | 5 | 0 |
| Domestic ... ... ... ... ... ... | 1,650 | | 12 | 2 |
| Salaries and Wages ... ... ... ... | 6,936 | 2 | 11 | 2 |
| Miscellaneous ... ... ... ... ... | 10 | | | 1 |
| Administration ... ... ... ... ... | 146 | | 1 | 1 |
| Establishment, Renewals and Repairs | 140 | | 1 | 0 |
| | £14,705 | 5 | 8 | 5 |

# STATES OF JERSEY—ST. SAVIOUR'S HOSPITAL.

## MEDICAL SUPERINTENDENT'S REPORT FOR THE YEAR 1961.

To *The President and Members,*
*Committee of Public Health.*

*Mr. President, Deputy Mrs. Huelin and Gentlemen,*

I have the honour to submit the ninety-third Annual Report on the work of the hospital.

The following table shows the changes in the number of patients :—

| | Male | Female | Total |
|---|---|---|---|
| Number resident on 1st January, 1961 ... ... ... ... ... ... | 109 | 140 | 249 |
| Number admitted during the year 1961 ... ... ... ... ... ... | 24 | 29 | 53 |
| Number discharged during the year 1961 ... ... ... ... ... ... | 15 | 21 | 36 |
| Number deceased during the year 1961 ... ... ... ... ... ... | 6 | 5 | 11 |
| Number resident on 31st December, 1961 ... ... ... ... ... ... | 112 | 143 | 255 |
| Total number under treatment in 1961 ... ... ... ... ... ... | 133 | 169 | 302 |

### ADMISSIONS.

There was a fall in the admission rate from 68 last year to 53 this year. Of the 29 females, 21 were new cases, 7 had previously been treated in the wards, and 1 girl was transferred from the Maison de la Martine. The 24 men included 13 new cases, 7 old patients, 3 readmitted from trial discharge, and 1 boy from the Maison de la Martine.

| Classification by Age and Sex. | Male | Female |
|---|---|---|
| Over 70 years ... ... ... ... ... ... | 2 | 5 |
| 50—70 years ... ... ... ... ... ... | 10 | 6 |
| 30—50 years ... ... ... ... ... ... | 6 | 13 |
| Under 30 years ... ... ... ... | 6 | 5 |

## DISCHARGES.

The number of patients discharged was 36, 21 of whom were women, and 15 men, the total being 5 below that for 1960.

| | Male | Female | Total |
|---|---|---|---|
| Discharged recovered | 3 | 5 | 8 |
| Discharged relieved to care of relatives or friends | 10 | 10 | 20 |
| Discharged unimproved to care of relatives or friends | 0 | 2 | 2 |
| Boarded out | 1 | 0 | 1 |
| Repatriated to France | 1 | 0 | 1 |
| Discharged to Overdale Hospital geriatric ward | 0 | 4 | 4 |
| Total | 15 | 21 | 36 |

## DEATHS.

11 patients, 5 women and 6 men, died during the year, the number being 1 less than in the previous year. The average age at death in the case of the men was 69, and of the women no less than 84. An inquest was held in the case of a man who absconded, and was later found drowned, a verdict of suicide while of unsound mind being returned.

## HEALTH.

A satisfactory level of general health has been maintained throughout the year, apart from an outbreak of influenza which came too early for the usual preventive measures which have been taken in previous years. One male and two female patients sustained accidental limb fractures. Three males and one female underwent surgical operations at the General Hospital. The Medical Officer of Health again undertook X-Ray screening of the chests of all available patients, but found no new cases of tuberculosis nor malignant disease. Members of the staff attended at Halkett Place twice in the year for mass miniature radiography. One male patient attempted suicide by hanging, but fortunately was discovered in time. No solution has yet been found to the problem set by the increasing numbers of aged female patients, the feeding and nursing of whom occupy a disproportionately large part of the time of mentally trained and qualified staff.

## CHARGEABILITY.

The chargeability of patients remaining under treatment at the end of the year is as follows :—

| CLASS | Male | Female | Total |
|---|---|---|---|
| First | 1 | 8 | 9 |
| Second | 4 | 11 | 15 |
| Third | 8 | 21 | 29 |
| Special Rate | 1 | 1 | 2 |
| RATE-AIDED. | | | |
| Island | 15 | 26 | 41 |
| St. Helier | 51 | 48 | 99 |
| St. John | — | — | — |
| St. Saviour | 6 | 7 | 13 |
| St. Lawrence | 4 | 4 | 8 |
| St. Martin | 3 | 5 | 8 |
| St. Ouen | 8 | 2 | 10 |
| St. Clement | 1 | 1 | 2 |
| St. Peter | 3 | 2 | 5 |
| Grouville | 3 | — | 3 |
| St. Brelade | 3 | 4 | 7 |
| Trinity | 1 | 2 | 3 |
| St. Mary | — | 1 | 1 |
| | 112 | 143 | 255 |

## MAISON DE LA MARTINE.

| | Boys | Girls | Total |
|---|---|---|---|
| Number resident on 1st January, 1961 | 11 | 7 | 18 |
| Number admitted during the year 1961 | 1 | 1 | 2 |
| Number discharged during the year 1961 | 2 | 1 | 3 |
| Number deceased during the year 1961 | 0 | 0 | 0 |
| Number resident on 31st December, 1961 | 10 | 7 | 17 |

Little comment is needed on the year's working in the children's unit. One backward boy was admitted on a temporary basis to help his harassed mother while she was adding to her family. It is likely that further requests for temporary admission will be received to enable parents with subnormal children who ordinarily attend the Occupation Centre to have a holiday. Two of the patients shown as discharged were admitted to the main hospital for divers reasons.

### DIVINE SERVICE.

The Vicar of Gouray, who is chaplain to the hospital, officiates at the monthly Church of England services, and administers the Holy Sacrament at regular intervals.

Mass is celebrated regularly for the benefit of Roman Catholic patients and staff.

### STAFF.

*Medical*: Dr. M. J. Collins joined the staff as Senior Registrar at the beginning of June and has given valuable assistance not only in the wards, but with out-patient and child guidance clinics.

*Nursing*: Consequent upon changes in the curriculum for State Registration, student nurses undergoing their general training have been seconded from the General Hospital two at a time for periods of six weeks in order to gain experience of psychiatric nursing. Such contacts cannot fail to bring the nursing services of the island closer with benefit to all concerned.

*Occupational Therapy Department*: Early in the year, both Mrs. Bennett and Mrs. Hamilton resigned their appointments, for different reasons, and it looked as if the department would have to close down temporarily. However after a short delay the hospital was fortunate in securing the services of Mrs. Jennifer Harper, M.A.O.T., whose skill, energy and tact soon raised the status of the department and increased its contribution to the welfare of the patients.

*Domestic*: I have to record, with much regret, the retirement at the end of the year of Mr. W. De Ste. Croix, who served the hospital for over 40 years, first in the capacity of hall porter, later as assistant cook, and finally as head cook. He was a stalwart who could always be counted on, rain or shine, and his familiar face will be missed by all.

### OCCUPATIONAL THERAPY SALE.

The Annual sale of work was held in the department in November and realised over £180.

### ENTERTAINMENTS.

The pattern of entertainments provided for the patients was similar to that of previous years. Apart from the daily television programmes, the Young Farmers' Club and Trinity Women's Institute provided evening entertainment, and the Green Room Club invited groups of patients to their productions at the Opera House. I am deeply grateful to these associations for their interest in the patients' welfare. No fewer than 86, or one third of the patients in the hospital, were able to go and see the pantomime at Christmas, and the number who were privileged to see the musical show " The King and I " earlier in the year was but little less.

Outdoor games are always a popular means of providing fresh air and exercise and patients are often to be seen at cricket, football, or netball on the front field. In addition to the usual local outings, monthly coach drives were organised to take patients further afield.

Christmas began with the singing of carols by boys and girls from Grouville School. An excellent Christmas dinner was provided, and the various festivities were much enjoyed by all. The greater part of the decorations this year was contributed by the patients themselves.

### GROUNDS AND GARDENS.

A number of teak garden seats have been bought which enhance the appearance of the front field and the entrance to the hospital. It is hoped to standardise these throughout and gradually replace the present rather heterogeneous collection.

A large section of the front drive and the parking areas at the front of the hospital, all of which were in bad condition, have been resurfaced, and it is intended that the remainder of the roads and paths will be treated in the same way next year.

The grounds and gardens have been maintained to the usual high standard, and the gardener and the patients who assist him are to be commended for their efforts. Supplies to the institution from the farm and gardens were valued at £1,787 0s. 6d.

### REPAIR AND UPKEEP OF BUILDINGS.

All necessary repairs have been carried out, and considerable progress has been made with the programme of redecorations envisaged last year. The Occupational Therapy Department has been repainted throughout—a task that in the past was postponed from year to year because of its magnitude—and now is a much more cheerful place to work in. Another major improvement effected was the tiling and refitting of the lavatories on the male side which were formerly an eyesore. The mortuary has also been redecorated and new curtains fitted.

### HEAT, LIGHT, POWER AND WATER.

These essential services have been satisfactorily maintained during the year and a favourable report on the state of the plant was received from the Insurance Company's inspector.

I have continued during the year to divide my attention between the General Hospital and this institution, but with the mounting pressure of both in-patient and out-patient work at the former it is becoming obvious that I cannot devote as much time as I would like to my duties at St. Saviour's Hospital. I have therefore had to rely to a greater extent than usual on my senior nursing and administrative staff, and I would like to thank them, and indeed all members of the hospital staff in whatever capacity they serve, for their loyal and devoted assistance throughout the year. I would also place on record my gratitude to the President and members of the Public Health Committee for their unfailing support and co-operation.

I have the honour to remain,
Your obedient servant,
JOHN WISHART,
B.A., M.B.,B.S., M.R.C.S., L.R.C.P., D.P.M.

## St. Saviour's Hospital—Statement of Affairs,

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| Hospital Balances 1st January, 1961 | | | | | | |
| Amounts due from Parishes | 5,883 | 15 | 0 | | | |
| Amounts due from Pensionnaires ... ... ... ... | 1,739 | 0 | 0 | | | |
| | | | | 7,622 | 15 | 0 |
| Treasurer of the States of Jersey. | | | | | | |
| Expenditure on the following Votes. | | | | | | |
| Rental, Queen's Farm and Land ... ... | 84 | 0 | 0 | | | |
| Salaries and Wages... | 62,112 | 12 | 3 | | | |
| Pensions to retired Employees ... ... | 1,715 | 15 | 4 | | | |
| Repairs and Upkeep of Buildings ... | 4,769 | 1 | 10 | | | |
| Maintenance and Supplies... ... ... | 44,940 | 14 | 4 | | | |
| | | | | 113,622 | 3 | 9 |
| | | | | £121,244 | 18 | 9 |

## Year ended 31st December, 1961.

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| Treasurer of the States of Jersey. | | | | | | |
| Receipts on the following Estimates during the year to date | | | | | | |
| Pensions ... ... ... | 9,925 | 14 | 9 | | | |
| Sundry Receipts ... | 1,540 | 0 | 5 | | | |
| Parishes ... ... ... | 23,458 | 17 | 6 | | | |
| | | | | 34,924 | 12 | 8 |
| Maintenance, Appropriation and Farm Accounts. | | | | | | |
| Nett Cost Twelve months to date | | | | | | |
| Maintenance ... ... | 69,187 | 4 | 2 | | | |
| Appropriation ... ... | 9,527 | 2 | 6 | | | |
| | 78,714 | 6 | 8 | | | |
| Farm *Deduct credit* ... | *69* | *14* | *7* | | | |
| | | | | 78,644 | 12 | 1 |
| Hospital Balances at 31st December, 1961. | | | | | | |
| Amounts due from Parishes... ... ... | 5,828 | 5 | 0 | | | |
| Nett Amounts due from Pensionnaires | 1,847 | 9 | 0 | | | |
| | | | | 7,675 | 14 | 0 |
| | | | | £121,244 | 18 | 9 |

## St. Saviour's Hospital—Maintenance Account,

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| TO ORDINARY EXPENDITURE. | | | | | | |
| 1. PROVISIONS ... ... ... | 22,497 | 7 | 2 | | | |
| | | | | 22,497 | 7 | 2 |
| 2. SURGERY & DISPENSARY. | | | | | | |
| Drugs, Chemicals and Disinfectants ... ... | 2,338 | 1 | 10 | | | |
| General Equipment... | 116 | 6 | 6 | | | |
| | | | | 2,454 | 8 | 4 |
| 3. DOMESTIC. | | | | | | |
| Furniture and Fixtures, Renewals and Repairs ... ... ... | 840 | 5 | 9 | | | |
| Patients' Clothing ... | 2,808 | 5 | 10 | | | |
| Bedding and Drapery | 785 | 14 | 10 | | | |
| Rent, Light, Heat, Power Insurance, etc. | 9,563 | 17 | 9 | | | |
| Uniform, Staff ... ... | 343 | 1 | 0 | | | |
| Occupational Therapy | 906 | 19 | 3 | | | |
| | | | | 15,248 | 4 | 5 |
| 4. SALARIES AND WAGES, PENSIONS. | | | | | | |
| Other Officers and Employees ... ... | 53,041 | 12 | 11 | | | |
| Pensions to Retired Employees ... ... | 1,715 | 15 | 4 | | | |
| Medical and Dental Treatment of Patients | 2,737 | 16 | 9 | | | |
| | | | | 57,495 | 5 | 0 |
| 5. MISCELLANEOUS. | | | | | | |
| General and Miscellaneous Expenses ... | 529 | 19 | 0 | | | |
| Travelling Expenses... | 554 | 11 | 10 | | | |
| Maintenance Allowance... ... ... ... | 71 | 3 | 11 | | | |
| Newspapers, Periodicals and Press Notices ... ... ... | 288 | 13 | 11 | | | |
| Pocket Money Patients | 1,054 | 5 | 0 | | | |
| Funerals, Inmates ... | 16 | 10 | 0 | | | |
| | | | | 2,515 | 3 | 8 |
| Carried forward ... | | | | £100,210 | 8 | 7 |

## Year ended 31st December, 1961.

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| BY INCOME. | | | | | | |
| Charges to In-Patients and Parishes ... ... ... ... | 33,437 | 11 | 3 | | | |
| Sundry Receipts ... ... | 450 | 18 | 3 | | | |
| Treasury Credit (Civil Service Salary Increases) ... | 445 | 0 | 0 | | | |
| BY BALANCE, being Nett Cost to the Institution for the Quarter to date (Maintenance of Patients only) carried to the Statement of Affairs... ... ... ... ... | 69,187 | 4 | 2 | | | |
| Carried forward... | | | | £103,520 | 13 | 8 |

STATISTICS FOR UNIT OF COST

| | |
|---|---|
| Number of Days in Period ... ... ... ... | 365 |
| Number of Paying Patients Days ... | 83,365 |
| Number of Non-paying Patients Days ... | 15,358 |
| Average Cost per Patient per Day... ... | 20/11.662d. |
| Average Receipt per Paying Patient per day ... ... ... ... | 8/0.26d. |

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| Brought forward... | | | | 100,210 | 8 | 7 |
| 6. Administration. | | | | | | |
| Medical Superintendent... ... ... ... | 2,700 | 0 | 0 | | | |
| Postages, Telegrams and Telephones ... | 286 | 5 | 10 | | | |
| Books and Stationery.. | 219 | 0 | 9 | | | |
| | | | | 3,205 | 6 | 7 |
| 7. Establishment. | | | | | | |
| Chaplain ... ... ... | 100 | 0 | 0 | | | |
| Freights and Wharfage | 4 | 18 | 6 | | | |
| | | | | 104 | 18 | 6 |
| | | | | £103,520 | 13 | 8 |

## APPROPRIATION ACCOUNT.

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| To Extraordinary Expenditure | | | | | | |
| Repairs and Upkeep of Buildings ... ... ... | 8,838 | 11 | 11 | | | |
| Roads, Avenues and Gardens, Repair and Upkeep | 688 | 10 | 7 | | | |
| | | | | 9,527 | 2 | 6 |

## FARM ACCOUNT.

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| To General Expenses, Labour | | | | | | |
| Forage and Miscellaneous Expenses ... ... ... ... | 1,770 | 4 | 5 | | | |
| Balance, being Excess of Income over Expenditure | 69 | 14 | 7 | | | |
| | | | | £1,839 | 19 | 0 |

**Maintenance Account**— (*continued*)

| | £ s. d. | £ s. d. |
|---|---|---|
| Brought forward... | | 103,520 13 8 |
| | | £103,520 13 8 |

## APPROPRIATION ACCOUNT.

| | £ s. d. | £ s. d. |
|---|---|---|
| By Balance, carried to Statement of Affairs ... ... | 9,527 2 6 | |
| | | 9,527 2 6 |

## FARM ACCOUNT.

| | £ s. d. | £ s. d. |
|---|---|---|
| By Sales, Hay, etc.... ... ... | 52 18 6 | |
| By Supplies, to the Institution, Vegetables, etc. ... ... | 1,787 0 6 | |
| | | £1,839 19 0 |

## SANDYBROOK HOSPITAL.

I have the honour to submit to you my report on Sandybrook Hospital for the year 1961.

It was pleasant to see the two floors of the Hospital redecorated and with the minimum of inconvenience to patients and staff.

By a little reorganization it has been possible to segregate the multiple sclerosis patients into one ward, where they can vie with one another, with the help of nursing and physiotherapy, in the extent of their improvement.

To this end, and for other patients, we have two tripod walking sticks. We could, however, do with more, but they are somewhat bulky and we have no storage space, and it would therefore be ideal and a tremendous asset if such a storeroom could be provided.

In addition to the patient's clinical requirements, I feel that her social circumstances should be considered. I have often wondered, and so has the Matron, if it was possible for some of the ambulatory ladies to be taken home at regular intervals, where possible, if only for short periods. This would be to their advantage as, although a great deal can be done for the genetic disorders of joints, blood vessels, brain, lungs and heart and arthritis, the psychological effect of a week or two at home can help tremendously.

No patient is too old to receive the best treatment we can offer. Nursing of the aged is not difficult, but prolonged and demanding and again, I must record the diligence of the staff throughout 1961.

The following are the statistics for 1961—

| | 1961 | 1960 |
|---|---|---|
| Number of patients at beginning of the year | 82 | 81 |
| Number of patients admitted during the year | 24 | 22 |
| Number of patients in at the end of the year | 79 | 82 |
| Average daily resident | 82 | 82 |
| Number deceased | 17 | 14 |
| Number discharged | 10 | 7 |
| Average age of deceased | 79⅓ | 82 |

May I again thank the President and Members of the Public Health Committee for the support I have received throughout the year.

J. OLIVER CLYDE,
*Visiting Physician.*

# SANDYBROOK ANNEXE.

## STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1961.

| | |
|---|---|
| Number of Inmates at the beginning of the year ... ... | 82 |
| Number of Inmates admitted during the year ... ... ... | 24 |
| Number of Inmates at the end of the year ... ... ... | 79 |
| Average number of Inmates resident daily throughout the year ... ... ... ... ... ... ... ... ... ... ... | 82 |

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

| | Expenditure on inmates. | Average cost of each inmate per week. | | |
|---|---|---|---|---|
| | £ | £ | s. | d. |
| Provisions ... ... ... ... ... ... | 5,983 | 1 | 8 | 0 |
| Surgery and Dispensary ... ... ... | 1,970 | | 9 | 3 |
| Domestic ... ... ... ... ... ... | 5,112 | 1 | 3 | 11 |
| Salaries and Wages ... ... ... ... | 26,484 | 6 | 3 | 11 |
| Miscellaneous ... ... ... ... ... | 224 | | 1 | 0 |
| Administration ... ... ... ... ... | 341 | | 1 | 7 |
| Establishment, Renewals and Repairs | 490 | | 2 | 3 |
| | £40,604 | 9 | 9 | 11 |

## AMBULANCE SERVICE.

During 1961, the St. John Ambulance Service in Jersey covered 47,793 miles and dealt with 6,820 cases. There is therefore again a large increase of 1,180 cases on 1960. It is unfortunate to note that the number of persons injured in accidents involving cars, motor cycles and motor scooters has increased considerably, those involved in motor vehicles being almost double.

Other accidents dealt with and not mentioned in categories total 521 and include collapses due to sudden illness, accidents in the home, at work, in the street or on beaches, and various minor injuries.

Of the number of accidents recorded for the year, the month of August was again the highest, with a total of 143.

Visitors to the Island were conveyed by ambulance on 258 occasions.

The detailed statement for 1961, compared with that of the previous year, is as follows—

| SERVICE. | 1961 | 1960 |
|---|---|---|
| General | 2,534 | 1,982 |
| X-Ray | 393 | 560 |
| Accidents | 797 | 655 |
| Maternity | 80 | 95 |
| Fever | 40 | 22 |
| Special Treatment | 2,569 | 2,002 |
| Mortuary | 142 | 99 |
| Patients by Air | 208 | 168 |
| Patients by Sea | 57 | 57 |
| | 6,820 | 5,640 |

| ROAD ACCIDENTS. | 1961 | 1960 |
|---|---|---|
| Motor Vehicles | 122 | 67 |
| Motor cycles and motor scooters | 111 | 75 |
| Bicycles | 43 | 36 |
| Pedestrians | 195 | 166 |
| | 471 | 344 |

The number of night calls (10 p.m.—7 a.m.) dealt with in 1961 totalled 420.

Transport was arranged with Ambulance Services in England on 36 occasions as compared with 34 in 1960, for the reception of visitors returning home after having met with an accident, or being taken ill whilst on holiday and also for patients travelling to special Hospitals. A total of 55 escorts were provided from the St. John Ambulance Brigade (Male and Nursing Divisions), an increase of 18 on the number for 1960.

The number of cases conveyed by the Voluntary Hospital Car Service was 911.

The total number of journeys made was 9,127.

H. R. S. POCOCK,
*County Commissioner,*
*St. John Ambulance Brigade.*

E. BURBIDGE,
*Transport and Liaison Officer.*

## THE JERSEY MATERNITY HOSPITAL.

During the year 1961, the total number of women delivered at the Jersey Maternity Hospital was 982 and the number of booked cases was 533. These figures compare with 914 and 445 respectively for 1960.

| | 1961 | 1960 |
|---|---|---|
| Number of deliveries with medical aid ... ... | 43 | 46 |
| Number of deliveries with forceps ... ... ... | 67 | 60 |
| Number of deliveries by doctors ... ... ... | 498 | 369 |
| Number of deliveries by midwives ... ... ... | 490 | 499 |
| Number of deliveries by cæsarean section ... | 58 | 46 |

In addition, there were 6 cases of delivery at home before the arrival of the midwife.

Total number of live births—

| | 1961 | | | 1960 | |
|---|---|---|---|---|---|
| Boys ... | 488 | | Boys ... | 474 | |
| Girls ... | 485 | 973 | Girls ... | 432 | 906 |

| 1961 | 1960 |
|---|---|
| (including 5 sets of twins) | (including 8 sets of twins) |
| (*a*) 4 sets—1 male and 1 female | (*a*) 4 sets—1 male and 1 female |
| (*b*) 1 set—males | (*b*) 2 sets—males |
| | (*c*) 2 sets—females |

The number of stillbirths was 20, due to the following causes—

| | |
|---|---|
| (*a*) Macerated foetus due to pre-eclamptic toxæmia | 3 females |
| (*b*) Macerated foetus due to pre-eclamptic toxæmia and prematurity... ... ... ... ... ... ... ... | 1 male |
| (*c*) Prematurity ... ... ... ... ... ... ... ... | 2 females |
| (*d*) Prematurity ... ... ... ... ... ... ... ... | 1 male |
| (*e*) Placental insufficiency ... ... ... ... ... ... | 2 males |
| (*f*) Placental insufficiency ... ... ... ... ... ... | 1 female |
| (*g*) Asphyxia due to prolapsed cord ... ... ... ... | 1 male |
| (*h*) Asphyxia due to prolapsed cord ... ... ... ... | 1 female |
| (*i*) Anencephalics ... ... ... ... ... ... ... | 2 females |
| (*j*) Anencephalics with meningocele ... ... ... | 2 females |
| (*k*) Anencephalic with spina-bifida ... ... ... ... | 1 female |
| (*l*) Hydnops Fœtalis ... ... ... ... ... ... ... | 1 female |
| (*m*) Asphyxia in Utero due to pre-eclamptic toxæmia and A.P.H.... ... ... ... ... ... ... ... | 1 female |
| (*n*) Asphyxia in Utero due to fœtal distress caused by malpresentation ... ... ... ... ... ... | 1 male |

The number of neo-natal deaths was 11, due to the following causes—

| | | |
|---|---|---|
| (*a*) | Supra-renal haemorrhage ... ... ... ... ... | 1 male |
| (*b*) | Atelextasis due to prematurity and placentaprævia | 1 female |
| (*c*) | Atelextasis due to prematurity ... ... ... ... | 3 females |
| (*d*) | Atelextasis due to prematurity ... ... ... ... | 1 male |
| (*e*) | Atelextasis due to placental insufficiency ... ... | 2 males |
| (*f*) | Congenital heart abnormality ... ... ... ... | 1 male |
| (*g*) | Prematurity (one of triplets) ... ... ... ... | 1 male |
| (*h*) | Spina-bifida with Hydrocephalus ... ... ... | 1 male |

The Hospital is very happy to report once again that there were no maternal deaths during the year 1961.

In addition, 67 circumcisions were performed at the Hospital and 74 operations for artificial rupture of membranes.

Attendances at the Ante-Natal Clinic were—

| 1961 | 1960 |
|---|---|
| 1,612 | 1,353 |

# REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1961.

*To* THE PRESIDENT AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

I have the honour to present the annual report for 1961 for that part of the Public Health Department controlled from the offices at South Hill.

On 15th February, 1889, the appointment of Dr. Chappuis as the first " Inspecteur Médical " to the States of Jersey, was confirmed. He remained in office for just over 33 years, resigning his post on 31st March, 1922. Before his retirement the States saw fit to define the duties of his successor, and the Regulations covering his duties were published in 1922, 40 years ago. The first three articles of these Regulations are quoted below and they are as relevant to-day as they were then :—

(1) He shall, so far as is practicable, obtain all information concerning matters which affect or may affect public health in the Island.

(2) He shall enquire into and ascertain, by such means as are at his disposal, the causes, origin and extent of disease in the Island and ascertain in what measure the same depend on causes capable of removal.

(3) He shall, by inspection, systematically at certain periods, and at intervals, as occasion may require, keep himself informed of all causes or conditions which are or are likely to be injurious to health.

This is the foundation of preventive medicine, to " obtain ...... information ", to " ascertain ...... the causes, origin and extent of disease " and to " ascertain in what measure the same depend on causes capable of removal ".

In 1889 Dr. Chappuis found much to occupy him as he studied the death returns and realised that one-third of the deaths occurring annually were in children of 5 years or under and that another one-third occurred in those aged 6 to 60. To-day, deaths of those aged 5 or under, are less than 5% of the total and only another 20% occur in those aged 6 to 60.

The causes of death that engaged his attention were mainly the infective ones, often linked to polluted water and inefficient drainage. To-day, it is the cancers and the degenerative diseases of heart and blood vessels that are most worthy of attention. Between them they cause more than half of the annual deaths. Such deaths, especially those under the age of 65 (or should it be 70 ?) which can properly be regarded as " untimely ", demand more enquiry than they receive. When more is known, it may be found that the cause is more easily removable than is thought. In 1961, of 85 male deaths from arterio-sclerotic and degenerative heart disease, 32 (38%) were under 65 years of age. Of 58 female deaths from the same cause only 4 (7%) were under 65 years of age. The excess of 27 male deaths from this form of heart disease was due entirely to deaths under 65. In the five year period from 1956–1960 inclusive, male deaths from this cause outnumbered female deaths by a total of 90 (411 to 321, an excess of 28%). The bulk of this excess of male deaths came from those under 65 years of age. In the same period twice as many males as females under 65 died from each of the following causes—cancer (all forms), pneumonia, cirrhosis of the liver and suicide. Why is it that men provide the majority of our untimely deaths ? Are they really the weaker sex ? Or is it that they work harder ? Or is it that they do not work hard enough ? Or is the explanation simply that they smoke more tobacco and drink more alcohol than do the women ? The drinking habits are not known, though it would be fair to say that the majority of really heavy drinkers to-day, are men. As far as really heavy smoking (40 or more cigarettes per day) is concerned, we do know that, in Jersey, males outnumber females by 10–1. In 1889 the machinery for mass production of cigarettes had just been invented and the dangers associated with tobacco were still unknown. To-day lung cancer and coronary thrombosis are both major causes of untimely deaths. Tobacco is almost entirely responsible for the one and a contributory factor in the other. The problem as to how far this cause is capable of removal, is dealt with in that part of the report entitled " Smoking ".

Dr. Chappuis was much concerned with the spread of infectious diseases, with polluted water supplies and with inadequate or non-existent drainage. To-day the spread of infectious disease has been partially controlled by means of better hygiene and by the community adoption of various forms of immunisation. However, the virus diseases are still a major problem and where Dr. Chappuis was concerned with those arriving on ships, we, to-day, are more concerned with those that come by plane from the East. Infant vaccination against smallpox is still an urgent necessity, as relevant to-day as in 1889.

To-day our public water supply is free from the risk of pollution and can be guaranteed not to spread infectious disease. It cannot, however, be said to be entirely wholesome (health-giving) in that its content of fluoride is far below the optimum needed for the production of healthy teeth. This serious lack has been shown up by our modern diet of refined flours and sugars. Weakened by the deficiency of fluoride the teeth of our population are an easy prey to decay. This cause of disease can be removed, for the deficiency can be made good, easily, cheaply and safely. All the knowledge needed is already available. It only needs to be applied.

Our new drainage system is gradually extending its sphere of influence. In 1885 the report of the Consultant Engineer on the drainage of St. Helier concluded with these words :—" In conclusion, I may say that, in my judgment, any other mode of disposing of the sewage of your town, except that of passing it by direct gravitation into the sea, is entirely out of the question." To-day the policy is to take sewage off the beaches and it is one that has already paid visible dividends, as the sands, long grey or black from pollution, have changed their colour to white. Pollution, however, still exists and in places crude sewage is still able to find its way on to beaches and elsewhere. Main drainage may be costly, but it is well worth the expense and it is to be hoped that soon the bulk of the southern third of the Island will be adequately sewered.

One problem that exists to-day was not dreamed of in the last century. It is that of radiation. Fortunately this problem has been foreseen by the Defence Committee and in the capable hands of the States' Analyst, machinery is at work carrying out routine monitoring of all air, water and milk. The records kept show that so far there is no cause for alarm. The scare that arose last year concerning radioactive iodine in milk, did serve to show how dependent the Island was on supplies of fresh milk. By arrangement between the Defence Committee and the trade, sufficient supplies of processed milk for infants are now available should the need ever arise.

Another problem is more acute to-day than in former years. In 1921 Dr. Chappuis recorded that 1.4% of the population were aged 80 or over. To-day that figure is over 2% and a further 6% are aged between 70 and 80. Old age is one of the greatest challenges that the community faces to-day. The gradual passing of the individual from full independence to complete dependence on others is not an easy process. The individuality and desire for self expression that is apparent even in our first childhood, is much stronger and more dominant in our second childhood. It survives when physical and mental powers are waning and is a factor that should not be overlooked in our planning for the future. As far as is humanly possible the individuality of the aged must be respected. To this end they are happiest when their needs can be met in their own homes. This means that we must develop our services concerned with domiciliary care. Ideally, if these services are able to develop as fully as is needed, there should be a reduced demand for hospital beds and folk would live as long as possible in surroundings to which they are accustomed. This can only be done by a real community effort, using every ounce that can fairly be given by individuals and voluntary bodies and then supplementing that, where needed, by services provided by the States and Parishes. Domiciliary care and its problems is discussed under the heading of the Aged.

Another problem is with us to-day and it is that of noise. The internal combustion engine, the turbine engine, the inevitable radio, the slamming of car doors—all these combine to produce an assault of noise on our beings which must play its part in increasing the tension of our daily living. Flats, and houses in multi-occupation, where sound insulation is not as it should be, have accentuated this problem. Economies in the silencing of engines and in the construction of cars and buildings are false economies. The price we pay as a community may not be easy to assess in terms of money, but it is substantial.

No enquiry into matters affecting public health is complete without adequate knowledge as to how the population is housed—in winter and in summer—and fed. No Medical Officer can be fully cognisant of these matters unless his staff of Sanitary Inspectors is up to strength and it must be recorded again that five Inspectors are not enough to cope with the environmental hygiene of the Island. Surveys of bad and overcrowded housing as well as routine supervision of food handling establishments are, in my opinion, vital issues that demand more full time manpower.

The principles that guided Dr. Chappuis, and were laid down in writing for the benefit of his successors, are still being applied to-day. Tobacco, radiation, fluoride deficiency and noise may be new threats, but the basic methods of approach to the problems remain unchanged.

In the pages of this Report that follow, will be found accounts dealing with vital statistics, smoking, tuberculosis, mass radiography, Overdale Hospital and the Chest Clinic, the Crematorium, the care of the aged, home nursing and infant welfare, and B.C.G. vaccination. During 1961 responsibility for the administration of the Occupation Centre passed to the Education Committee. The School Medical Service and anti-poliomyelitis vaccination are covered by reports contributed by the Deputy Medical Officer of Health; the work of the School Dental Clinic is covered by the report of the Senior School Dental Officer, and environmental hygiene is covered by the report of the Chief Sanitary Inspector. I am much indebted to Dr. Desmond, Mr. Campbell, Mr. Knowles and Mr. Simon, Chief Clerk, and his staff for their contributions to this Report and for their loyal and invaluable help throughout the year.

A. S. DARLING,
*Medical Officer of Health.*

# CONTENTS

(1) Vital Statistics ... ... ... ... ... ... Pages 56 to 63

(2) Report on Tobacco Smoking in the Island ... ... ... ... ... ... ... Pages 64 to 70

(3) Report on Tuberculosis in Jersey ... ... Pages 71 to 72

(4) Report on Miniature Radiography Department ... ... ... ... ... ... Pages 73 to 74

(5) Anti-Poliomyelitis Vaccination ... ... Page 75

(6) B.C.G. Vaccination against Tuberculosis Pages 76 to 79

(7) Overdale Hospital and Chest Clinic ... Pages 80 to 81

(8) School Health Service ... ... ... ... Pages 82 to 87

(9) School Dental Clinic ... ... ... ... Page 88

(10) Report of Chief Sanitary Inspector ... Pages 89 to 102

(11) Aged and Infirm ... ... ... ... ... Pages 103 to 105

(12) Jersey District Nursing Association and Family Welfare Centre.
Home Helps Organisation ... ... ... Page 106

(13) Crematorium ... ... ... ... ... ... Pages 107 to 108

# VITAL STATISTICS

| | |
|---|---|
| Area (acres) | 28,717 |
| Population (estimated mid-year) | 62,000 |
| Number of Persons per acre | 2 |
| Marriage rate per 1,000 estimated population | 19.6 |
| Deaths | 825 |
| Death rate per 1,000 estimated population | 13.3 |
| Comparability factor | 0.87 |
| Standardised death rate | 11.6 |
| Live births | 1,086 |
| Live birth rate per 1,000 estimated population | 17.5 |
| Still births | 20 |
| Still-birth rate per 1,000 live and still-births | 18.1 |
| Total live and still-births | 1,106 |
| Infant deaths | 29 |
| Infant mortality rate per 1,000 live births (total) | 26.7 |
| Infant mortality rate per 1,000 live births (legitimate) | 26.4 |
| Infant mortality rate per 1,000 live births (illegitimate) | 32.3 |
| Neo-natal mortality rate per 1,000 live births | 15.7 |
| Illegitimate live births per cent of total live births | 5.7 |
| Maternal deaths | — |
| Maternal mortality rate per 1,000 live and still-births | — |
| Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population | 2.1 |
| Tuberculosis (all forms) mortality rate per 1,000 estimated population | 0.06 |

## THE POPULATION

The estimated mid-year resident population was 62,000. The census in 1961 was taken on the 23rd April and from preliminary information compiled from the census returns the total population resident and foreign is 63,345, an increase of 6,035 or 10.05% since 1951.

The numbers of persons enumerated in Jersey but returned as resident elsewhere and persons returned as resident in Jersey, but enumerated elsewhere, are not yet available so the figure of 1,345 has been deducted from the total population leaving a round figure of 62,000.

The total population enumerated in Jersey at the 1951 census was 57,310 and the resident population was 56,160.

For the last five or six years the estimated mid-year resident population figure has been arrived at by taking the 1951 census figure and adding to it the births that have taken place in the Island since 1951 and subtracting the deaths. Last year the figure was 57,463, so it would appear that the figure for the last few years was under-estimated by several thousand, due to the unknown numbers of migrants.

As yet there is no sure method of arriving at the exact numbers of those migrating to and from the Island each year. Until this can be achieved the annual estimate can only be a guess based on the latest census figure. It is, however, worthy of note that in 1960, figures kindly worked out by the Housing Officer and based on changes in the parish rating lists since the 1951 census, suggested that the resident population in 1960 was just over 62,000 persons. This figure must have been very near the mark and if the average number per household could be guaranteed to remain steady over the years the method used should provide a useful check in the future.

As various forms of insurance are extended to cover more and more of the population it may happen that eventually the Social Security Committee will be in a position to give an accurate annual estimate, but until then the only accurate figure for the resident population will be one provided in retrospect by the detailed census report once every 10 years—a figure that is already out of date by the time it arrives.

## THE MARRIAGE RATE

There were 607 marriages during 1961, giving a marriage rate (or persons married per 1,000 estimated population) of 19.6 as against 17.7 last year.

## THE BIRTH RATE

There were 1,086 live births during the year, giving a birth rate of 17.5 per 1,000 estimated population. In 1960 there were 1,032, when the rate was 18.0. 62 or 5.7% of the total live births were illegitimate. Of the 1,086 live births, 1,044 were born in St. Helier and 42 in the country parishes. 973 or 90% of these births took place at the Jersey Maternity Hospital.

The following table gives the number of births and the estimated birth rate over the past 16 years. The birth rates, based as they are on the estimated yearly population figures, can only be regarded as approximate.

| Year | Total male births | Total female births | Total live births | Birth rate per 1,000 of population |
|---|---|---|---|---|
| 1946 ... | 419 | 457 | 876 | 17.2 |
| 1947 ... | 517 | 501 | 1018 | 18.9 |
| 1948 ... | 499 | 466 | 965 | 16.9 |
| 1949 ... | 499 | 437 | 936 | 16.3 |
| 1950 ... | 451 | 414 | 865 | 15.2 |
| 1951 ... | 452 | 392 | 844 | 14.8 |
| 1952 ... | 446 | 406 | 852 | 14.7 |
| 1953 ... | 387 | 387 | 774 | 13.4 |
| 1954 ... | 427 | 413 | 840 | 14.6 |
| 1955 ... | 348 | 388 | 736 | 12.9 |
| 1956 ... | 434 | 386 | 820 | 14.3 |
| 1957 ... | 430 | 403 | 833 | 14.6 |
| 1958 ... | 497 | 445 | 942 | 16.5 |
| 1959 ... | 504 | 446 | 950 | 16.6 |
| 1960 ... | 544 | 488 | 1032 | 18.0 |
| 1961 ... | 531 | 555 | 1086 | 17.5 |

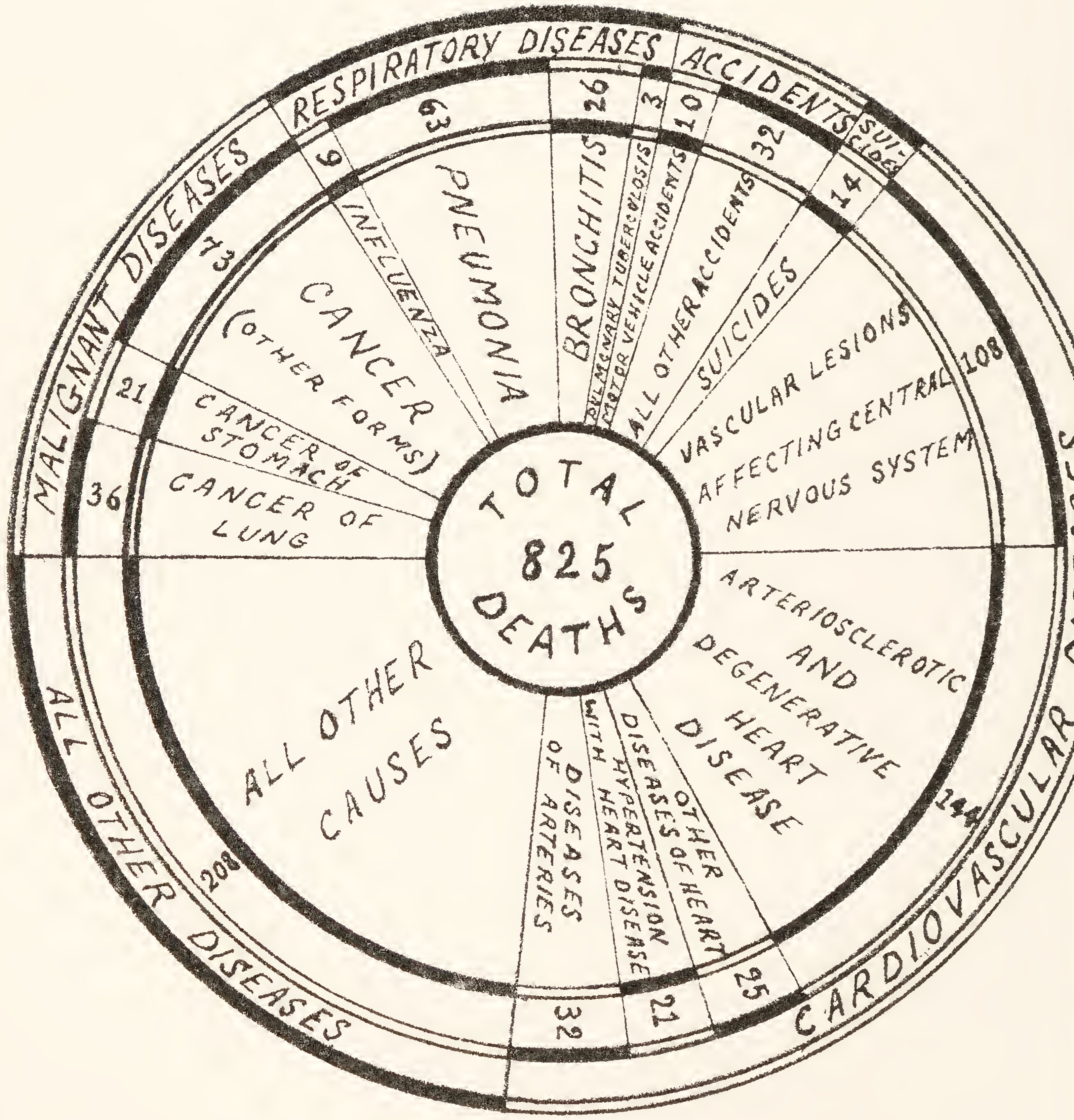
Of the 1,077 live births during 1961 whose details were notified at birth, 430 were first babies and 372 were second babies ; 140 were recorded as third babies and a further 50 as fourth babies. The remaining 85 were recorded as anything from fifth to thirteenth babies.

## THE DEATH RATE

The total number of deaths registered was 825 (437 males and 388 females) giving a crude death rate of 13.3 per 1,000 estimated population. Deaths during 1960 numbered 790 when the rate was 13.7.

The comparability figure, when multiplied by the crude death rate gives the death rate we would have had if the age and sex distribution was the same as that of England and Wales as a whole. In our case, the figure is 0.87 which gives us a standardised death rate of 11.6 as against 12.0 last year.

The percentage of total deaths occurring at ages 65 and upward was 67.4 ; at ages 75 and upward 45.9. The average age at death was 64 for males and 72 for females.



TOTAL 825 DEATHS
MALIGNANT DISEASES
RESPIRATORY DISEASES
ACCIDENTS
SUI-CIDES
CARDIOVASCULAR DISEASES
ALL OTHER DISEASES
73
CANCER (OTHER FORMS)
9
INFLUENZA
63
PNEUMONIA
26
BRONCHITIS
3
PULMONARY TUBERCULOSIS
10
MOTOR VEHICLE ACCIDENTS
32
ALL OTHER ACCIDENTS
14
SUICIDES
108
VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM
144
ARTERIOSCLEROTIC AND DEGENERATIVE HEART DISEASE
25
OTHER DISEASES OF HEART
21
HYPERTENSION WITH HEART DISEASE
32
DISEASES OF ARTERIES
208
ALL OTHER CAUSES
36
CANCER OF LUNG
21
CANCER OF STOMACH

# TABLE I.

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age: latest available year, 1961.

| Abbreviated List No. (1) | Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2) | MALE<br>All ages (3) | Under 1 year (4) | 1—4 years (5) | 5—9 years (6) | 10—14 years (7) | 15—19 years (8) | 20—24 years (9) | 25—29 years (10) | 30—34 years (11) | 35—39 years (12) | 40—44 years (13) | 45—49 years (14) | 50—54 years (15) | 55—59 years (16) | 60—64 years (17) | 65—69 years (18) | 70—74 years (19) | 75 years and over (20) | Age not stated (21) | Abbreviated List No. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | All causes | 437 | 16 | 3 | 1 | 3 | 7 | 8 | 1 | 4 | 4 | 7 | 16 | 24 | 37 | 37 | 45 | 65 | 159 | — | |
| B 1 | Tuberculosis of respiratory system | 2 | — | — | — | — | — | — | — | — | — | — | 2 | — | — | — | — | — | — | — | B 1 |
| B 2 | Tuberculosis, other forms | 1 | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | B 2 |
| B 3 | Syphilis and its sequelae | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | B 3 |
| B 4 | Typhoid fever | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 4 |
| B 5 | Cholera | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 5 |
| B 6 | Dysentery, all forms | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 6 |
| B 7 | Scarlet fever and streptococcal sore throat | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 7 |
| B 8 | Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 8 |
| B 9 | Whooping cough | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 9 |
| B 10 | Meningococcal infections | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 10 |
| B 11 | Plague | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 11 |
| B 12 | Acute poliomyelitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 12 |
| B 13 | Smallpox | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 13 |
| B 14 | Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 14 |
| B 15 | Typhus and other rickettsial diseases | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 15 |
| B 16 | Malaria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 16 |
| B 17 | Other infective and parasitic diseases | 1 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 17 |
| B 18 | Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues | 73 | — | — | — | 1 | — | — | — | 1 | — | 1 | 5 | 7 | 10 | 12 | 8 | 11 | 17 | — | B 18 |
| B 19 | Benign and unspecified neoplasms | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 19 |
| B 20 | Diabetes mellitus | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 2 | — | B 20 |
| B 21 | Anaemias | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | — | — | B 21 |
| B 22 | Vascular lesions affecting central nervous system | 40 | — | — | — | — | 1 | — | — | — | 1 | — | 1 | 3 | 5 | 1 | 2 | 5 | 21 | — | B 22 |
| B 23 | Nonmeningococcal meningitis | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 23 |
| B 24 | Rheumatic fever | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | — | B 24 |
| B 25 | Chronic rheumatic heart disease | 2 | — | — | — | — | — | — | — | — | — | 1 | 1 | — | — | — | — | — | — | — | B 25 |
| B 26 | Arteriosclerotic and degenerative heart disease | 85 | — | — | — | — | — | 1 | — | — | 1 | 2 | 3 | 7 | 11 | 7 | 11 | 19 | 23 | — | B 26 |
| B 27 | Other diseases of heart | 11 | — | — | — | — | — | — | — | 1 | — | — | — | — | 2 | 1 | — | 1 | 6 | — | B 27 |
| B 28 | Hypertension with heart disease | 11 | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 2 | 4 | — | 4 | — | B 28 |
| B 29 | Hypertension without mention of heart | 5 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 2 | 2 | — | B 29 |
| B 30 | Influenza | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 3 | — | B 30 |
| B 31 | Pneumonia | 37 | 3 | — | — | — | — | — | — | — | — | 1 | — | 1 | 2 | 4 | 3 | 5 | 18 | — | B 31 |
| B 32 | Bronchitis | 16 | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 | 3 | 4 | 7 | — | B 32 |
| B 33 | Ulcer of stomach and duodenum | 8 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 2 | 1 | 4 | — | B 33 |
| B 34 | Appendicitis | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | B 34 |
| B 35 | Intestinal obstruction and hernia | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | B 35 |
| B 36 | Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 36 |
| B 37 | Cirrhosis of liver | 6 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 3 | — | 2 | — | — | B 37 |
| B 38 | Nephritis and nephrosis | 5 | — | 1 | — | — | — | — | — | — | — | — | — | 1 | — | — | 1 | 1 | 1 | — | B 38 |
| B 39 | Hyperplasia of prostrate | 11 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 1 | 8 | — | B 39 |
| B 40 | Complications of pregnancy, childbirth and the puerperium | | | | | | | | | | | | | | | | | | | | B 40 |
| B 41 | Congenital malformations | 3 | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 41 |
| B 42 | Birth injuries, postnatal asphyxia and atelectasis | 3 | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 42 |
| B 43 | Infections of the newborn | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 43 |
| B 44 | Other diseases peculiar to early infancy, and immaturity unqualified | 5 | 5 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 44 |
| B 45 | Senility without mention of psychosis, ill-defined and unknown causes | 16 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 15 | — | B 45 |
| B 46 | All other diseases (Residual) | 39 | — | — | — | — | 1 | — | — | — | 1 | — | 2 | 1 | 5 | — | 3 | 7 | 19 | — | B 46 |
| BE 47 | Motor vehicle accidents | 9 | — | — | — | — | 3 | 3 | — | 1 | — | — | — | — | — | — | — | — | 2 | — | BE 47 |
| BE 48 | All other accidents | 23 | — | 1 | 1 | 2 | 2 | 4 | 1 | — | — | 1 | 1 | 3 | — | — | 2 | 1 | 4 | — | BE 48 |
| BE 49 | Suicide and self-inflicted injury | 10 | — | — | — | — | — | — | — | 1 | — | 1 | — | — | 2 | 1 | 2 | 1 | 2 | — | BE 49 |
| BE 50 | Homicide and operations of war | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | BE 50 |

*a. If you do not classify causes of death according to the* 1948 revision *of the International Lists of Diseases and Causes of Death, please give, on separate sheet, results of corresponding tabulation.*

*b. If total in column (3) is not number of male deaths, please explain difference.*

# TABLE I (*continued*).

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age: latest available year, 1961.

| Abbreviated List No. (1) | Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2) | FEMALE All ages (3) | Under 1 year (4) | 1—4 years (5) | 5—9 years (6) | 10—14 years (7) | 15—19 years (8) | 20—24 years (9) | 25—29 years (10) | 30—34 years (11) | 35—39 years (12) | 40—44 years (13) | 45—49 years (14) | 50—54 years (15) | 55—59 years (16) | 60—64 years (17) | 65—69 years (18) | 70—74 years (19) | 75 years and over (20) | Age not stated (21) | Abbreviated List No. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | All causes | 388 | 13 | 1 | 2 | — | — | 1 | 1 | — | 4 | 5 | 8 | 14 | 15 | 17 | 40 | 45 | 222 | — | |
| B 1 | Tuberculosis of respiratory system | 1 | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | B 1 |
| B 2 | Tuberculosis, other forms | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 2 |
| B 3 | Syphilis and its sequelae | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 3 |
| B 4 | Typhoid fever | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 4 |
| B 5 | Cholera | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 5 |
| B 6 | Dysentery, all forms | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 6 |
| B 7 | Scarlet fever and streptococcal sore throat | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 7 |
| B 8 | Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 8 |
| B 9 | Whooping cough | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 9 |
| B 10 | Meningococcal infections | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 10 |
| B 11 | Plague | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 11 |
| B 12 | Acute poliomyelitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 12 |
| B 13 | Smallpox | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 13 |
| B 14 | Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 14 |
| B 15 | Typhus and other rickettsial diseases | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 15 |
| B 16 | Malaria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 16 |
| B 17 | Other infective and parasitic diseases | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | B 17 |
| B 18 | Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues | 56 | — | — | — | — | — | — | — | — | 1 | 1 | 2 | 5 | 4 | 6 | 8 | 9 | 20 | — | B 18 |
| B 19 | Benign and unspecified neoplasms | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | B 19 |
| B 20 | Diabetes mellitus | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 | — | B 20 |
| B 21 | Anaemias | 2 | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | 1 | — | B 21 |
| B 22 | Vascular lesions affecting central nervous system | 70 | — | — | — | — | — | — | — | — | 1 | — | — | 4 | 2 | 3 | 8 | 5 | 47 | — | B 22 |
| B 23 | Nonmeningococcal meningitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 23 |
| B 24 | Rheumatic fever | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 24 |
| B 25 | Chronic rheumatic heart disease | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | B 25 |
| B 26 | Arteriosclerotic and degenerative heart disease | 59 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 3 | 6 | 12 | 37 | — | B 26 |
| B 27 | Other diseases of heart | 14 | — | — | — | — | — | — | — | — | — | — | — | 2 | 1 | 1 | 1 | — | 9 | — | B 27 |
| B 28 | Hypertension with heart disease | 10 | — | — | — | — | — | — | — | — | — | 1 | — | — | 2 | — | — | 2 | 5 | — | B 28 |
| B 29 | Hypertension without mention of heart | 6 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 5 | — | B 29 |
| B 30 | Influenza | 6 | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | 2 | 3 | — | B 30 |
| B 31 | Pneumonia | 26 | 1 | — | — | — | — | — | — | — | — | — | 1 | — | 1 | 1 | 3 | 5 | 14 | — | B 31 |
| B 32 | Bronchitis | 10 | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | — | 3 | — | 5 | — | B 32 |
| B 33 | Ulcer of stomach and duodenum | 2 | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | 1 | — | B 33 |
| B 34 | Appendicitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 34 |
| B 35 | Intestinal obstruction and hernia | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 3 | — | B 35 |
| B 36 | Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 2 | — | B 36 |
| B 37 | Cirrhosis of liver | 3 | — | — | — | — | — | — | — | — | — | 1 | — | — | — | 1 | 1 | — | — | — | B 37 |
| B 38 | Nephritis and nephrosis | 3 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | 2 | — | B 38 |
| B 39 | Hyperplasia of prostrate | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | B 39 |
| B 40 | Complications of pregnancy, childbirth and the puerperium | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 40 |
| B 41 | Congenital malformations | 8 | 6 | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 41 |
| B 42 | Birth injuries, postnatal asphyxia and atelectasis | 2 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 42 |
| B 43 | Infections of the newborn | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 43 |
| B 44 | Other diseases peculiar to early infancy, and immaturity unqualified | 4 | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B 44 |
| B 45 | Senility without mention of psychosis, ill-defined and unknown causes | 30 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 29 | — | B 45 |
| B 46 | All other diseases (Residual) | 49 | — | — | 1 | — | — | — | — | — | — | 1 | 2 | 1 | 1 | — | 5 | 7 | 31 | — | B 46 |
| BE 47 | Motor vehicle accidents | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | BE 47 |
| BE 48 | All other accidents | 9 | — | — | — | — | — | 1 | — | — | — | — | 1 | 1 | 1 | — | 1 | 1 | 3 | — | BE 48 |
| BE 49 | Suicide and self-inflicted injury | 4 | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — | 2 | — | — | — | — | BE 49 |
| BE 50 | Homicide and operations of war | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | BE 50 |

a. *If you do not classify causes of death according to the 1948 revision of the International Lists of Diseases and Causes of Death, please give, on separate sheet, results of corresponding tabulation.*

b. *If total in column (3) is not total number of female deaths, please explain difference.*

# TABLE II.

Deaths (exclusive of foetal deaths) cross-classified by cause and sex : latest available years, 1957 to 1961.

| Abbreviated List No. (1) | | Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2) | 1957 | | | 1958 | | | 1959 | | | 1960 | | | 1961 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Both sexes (3) | Male (4) | Female (5) | Both sexes (6) | Male (7) | Female (8) | Both sexes (9) | Male (10) | Female (11) | Both sexes (12) | Male (13) | Female (14) | Both sexes (15) | Male (16) | Female (17) |
| | | All causes | 754 | 397 | 357 | 722 | 382 | 390 | 731 | 392 | 339 | 790 | 399 | 391 | 825 | 437 | 388 |
| B | 1 | Tuberculosis of respiratory system | 6 | 6 | — | 8 | 5 | 3 | 5 | 3 | 2 | 5 | 5 | — | 3 | 2 | 1 |
| B | 2 | Tuberculosis, other forms | — | — | — | — | — | — | — | — | — | 1 | 1 | — | 1 | 1 | — |
| B | 3 | Syphilis and its sequelae | 3 | 2 | 1 | — | — | — | 1 | 1 | — | — | — | — | 1 | 1 | — |
| B | 4 | Typhoid fever | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 5 | Cholera | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 6 | Dysentery, all forms | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 7 | Scarlet fever and streptococcal sore throat | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 8 | Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 9 | Whooping cough | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 10 | Meningococcal infections | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 11 | Plague | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 12 | Acute poliomyelitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 13 | Smallpox | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 14 | Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 15 | Typhus and other rickettsial diseases | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 16 | Malaria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| B | 17 | Other infective and parasitic diseases | 1 | — | 1 | 3 | 2 | 1 | — | — | — | 2 | 2 | — | 2 | 1 | 1 |
| B | 18 | Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues | 156 | 91 | 65 | 142 | 64 | 78 | 145 | 81 | 64 | 158 | 83 | 75 | 129 | 73 | 56 |
| B | 19 | Benign and unspecified neoplasms | 2 | 1 | 1 | 1 | — | 1 | 2 | 1 | 1 | — | — | — | 1 | — | 1 |
| B | 20 | Diabetes mellitus | 5 | 2 | 3 | 7 | 1 | 6 | 6 | 2 | 4 | 5 | 3 | 2 | 5 | 3 | 2 |
| B | 21 | Anaemias | 8 | 2 | 6 | 5 | 2 | 3 | 2 | 1 | 1 | 5 | 2 | 3 | 4 | 2 | 2 |
| B | 22 | Vascular lesions affecting central nervous system | 107 | 49 | 58 | 108 | 35 | 73 | 95 | 37 | 58 | 125 | 38 | 87 | 110 | 40 | 70 |
| B | 23 | Nonmeningococcal meningitis | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | — |
| B | 24 | Rheumatic fever | 1 | 1 | — | — | — | — | — | — | — | 3 | 3 | — | 2 | 2 | — |
| B | 25 | Chronic rheumatic heart disease | 1 | — | 1 | 6 | 1 | 5 | 7 | 5 | 2 | 3 | 1 | 2 | 3 | 2 | 1 |
| B | 26 | Arteriosclerotic and degenerative heart disease | 130 | 80 | 50 | 148 | 75 | 73 | 161 | 93 | 68 | 151 | 85 | 66 | 144 | 85 | 59 |
| B | 27 | Other diseases of heart | 24 | 16 | 8 | 27 | 18 | 9 | 9 | 7 | 2 | 21 | 9 | 12 | 25 | 11 | 14 |
| B | 28 | Hypertension with heart disease | 32 | 15 | 17 | 20 | 7 | 13 | 13 | 7 | 6 | 12 | 5 | 7 | 21 | 11 | 10 |
| B | 29 | Hypertension without mention of heart | 9 | 4 | 5 | 17 | 11 | 6 | 21 | 9 | 12 | 12 | 7 | 5 | 11 | 5 | 6 |
| B | 30 | Influenza | 10 | 4 | 6 | 7 | 3 | 4 | 3 | 2 | 1 | 4 | 2 | 2 | 9 | 3 | 6 |
| B | 31 | Pneumonia | 34 | 17 | 17 | 50 | 29 | 21 | 50 | 26 | 24 | 36 | 21 | 15 | 63 | 37 | 26 |
| B | 32 | Bronchitis | 17 | 10 | 7 | 27 | 17 | 10 | 19 | 16 | 3 | 19 | 12 | 7 | 26 | 16 | 10 |
| B | 33 | Ulcer of stomach and duodenum | 7 | 4 | 3 | 9 | 6 | 3 | 7 | 5 | 2 | 7 | 5 | 2 | 10 | 8 | 2 |
| B | 34 | Appendicitis | 1 | — | 1 | 1 | 1 | — | 2 | 1 | 1 | 2 | 2 | — | 1 | 1 | — |
| B | 35 | Intestinal obstruction and hernia | 6 | 2 | 4 | 6 | 2 | 4 | 3 | 1 | 2 | 6 | 3 | 3 | 5 | 1 | 4 |
| B | 36 | Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn | 4 | 2 | 2 | 5 | 1 | 4 | 4 | 2 | 2 | 3 | — | 3 | 4 | — | 4 |
| B | 37 | Cirrhosis of liver | 6 | 4 | 2 | 7 | 5 | 2 | 7 | 1 | 6 | 5 | 4 | 1 | 9 | 6 | 3 |
| B | 38 | Nephritis and nephrosis | 13 | 6 | 7 | 3 | 2 | 1 | 5 | 3 | 2 | 13 | 7 | 6 | 8 | 5 | 3 |
| B | 39 | Hyperplasia of prostrate | 6 | 6 | ▨ | 9 | 9 | ▨ | 13 | 13 | ▨ | 3 | 3 | ▨ | 11 | 11 | ▨ |
| B | 40 | Complications of pregnancy, childbirth and the puerperium | 2 | ▨ | 2 | 2 | ▨ | 2 | 1 | ▨ | 1 | — | ▨ | — | — | ▨ | — |
| B | 41 | Congenital malformations | 8 | 5 | 3 | 4 | 2 | 2 | 3 | 2 | 1 | 9 | 7 | 2 | 11 | 3 | 8 |
| B | 42 | Birth injuries, postnatal asphyxia and atelectasis | 4 | 4 | — | 3 | 3 | — | 1 | 1 | — | 3 | 3 | — | 5 | 3 | 2 |
| B | 43 | Infections of the newborn | — | — | — | 1 | 1 | — | 1 | 1 | — | 1 | 1 | — | 1 | 1 | — |
| B | 44 | Other diseases peculiar to early infancy, and immaturity unqualified | 8 | 4 | 4 | 7 | 3 | 4 | 9 | 4 | 5 | 17 | 11 | 6 | 9 | 5 | 4 |
| B | 45 | Senility without mention of psychosis, ill-defined and unknown causes | 50 | 16 | 34 | 38 | 16 | 22 | 35 | 15 | 20 | 52 | 16 | 36 | 46 | 16 | 30 |
| B | 46 | All other diseases (Residual) | 58 | 23 | 35 | 57 | 24 | 33 | 51 | 19 | 32 | 68 | 31 | 37 | 88 | 39 | 49 |
| BE | 47 | Motor vehicle accidents | 9 | 9 | — | 11 | 10 | 1 | 12 | 9 | 3 | 7 | 6 | 1 | 10 | 9 | 1 |
| BE | 48 | All other accidents | 12 | 6 | 6 | 16 | 13 | 3 | 27 | 17 | 10 | 19 | 12 | 7 | 32 | 23 | 9 |
| BE | 49 | Suicide and self-inflicted injury | 14 | 6 | 8 | 15 | 13 | 2 | 8 | 5 | 3 | 13 | 9 | 4 | 14 | 10 | 4 |
| BE | 50 | Homicide and operations of war | — | — | — | 2 | 1 | 1 | 3 | 2 | 1 | — | — | — | — | — | — |

*a.* *If you do not classify causes of death according to the 1948 revision of the International Lists of Diseases and Causes of Death, please give, on separate sheet, results of correponding tabulation.*

*b.* *If totals in columns (3), (6), (9), (12) and (15) are not total number of deaths, please explain difference.*

# TABLE III.

## Deaths (exclusive of foetal deaths) cross-classified by cause and type of certification : latest available year, 1961.

| Abbreviated List No. (1) | Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2) | Type of Certification | | | |
|---|---|---|---|---|---|
| | | Total (3) | Medical (4) | Other (5) | Not Stated (6) |
| | All causes | 825 | 773 | 52 | — |
| B 1 | Tuberculosis of respiratory system | 3 | 3 | — | — |
| B 2 | Tuberculosis, other forms | 1 | 1 | — | — |
| B 3 | Syphilis and its sequelae | 1 | 1 | — | — |
| B 4 | Typhoid fever | — | — | — | — |
| B 5 | Cholera | — | — | — | — |
| B 6 | Dysentery, all forms | — | — | — | — |
| B 7 | Scarlet fever and streptococcal sore throat | — | — | — | — |
| B 8 | Diphtheria | — | — | — | — |
| B 9 | Whooping cough | — | — | — | — |
| B 10 | Meningococcal infections | — | — | — | — |
| B 11 | Plague | — | — | — | — |
| B 12 | Acute poliomyelitis | — | — | — | — |
| B 13 | Smallpox | — | — | — | — |
| B 14 | Measles | — | — | — | — |
| B 15 | Typhus and other rickettsial diseases | — | — | — | — |
| B 16 | Malaria | — | — | — | — |
| B 17 | Other infective and parasitic diseases | 2 | 1 | 1 | — |
| B 18 | Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues | 129 | 129 | — | — |
| B 19 | Benign and unspecified neoplasms | 1 | 1 | — | — |
| B 20 | Diabetes mellitus | 5 | 5 | — | — |
| B 21 | Anaemias | 4 | 4 | — | — |
| B 22 | Vascular lesions affecting central nervous system | 110 | 109 | 1 | — |
| B 23 | Nonmeningococcal meningitis | 1 | 1 | — | — |
| B 24 | Rheumatic fever | 2 | 2 | — | — |
| B 25 | Chronic rheumatic heart disease | 3 | 3 | — | — |
| B 26 | Arteriosclerotic and degenerative heart disease | 144 | 144 | — | — |
| B 27 | Other diseases of heart | 25 | 25 | — | — |
| B 28 | Hypertension with heart disease | 21 | 21 | — | — |
| B 29 | Hypertension without mention of heart | 11 | 11 | — | — |
| B 30 | Influenza | 9 | 9 | — | — |
| B 31 | Pneumonia | 63 | 62 | 1 | — |
| B 32 | Bronchitis | 26 | 26 | — | — |
| B 33 | Ulcer of stomach and duodenum | 10 | 10 | — | — |
| B 34 | Appendicitis | 1 | 1 | — | — |
| B 35 | Intestinal obstruction and hernia | 5 | 5 | — | — |
| B 36 | Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn | 4 | 4 | — | — |
| B 37 | Cirrhosis of liver | 9 | 9 | — | — |
| B 38 | Nephritis and nephrosis | 8 | 8 | — | — |
| B 39 | Hyperplasia of prostrate | 11 | 11 | — | — |
| B 40 | Complications of pregnancy, childbirth and the puerperium | — | — | — | — |
| B 41 | Congenital malformations | 11 | 11 | — | — |
| B 42 | Birth injuries, postnatal asphyxia and atelectasis | 5 | 5 | — | — |
| B 43 | Infections of the newborn | 1 | 1 | — | — |
| B 44 | Other diseases peculiar to early infancy, and immaturity unqualified | 9 | 9 | — | — |
| B 45 | Senility without mention of psychosis, ill-defined and unknown causes | 46 | 46 | — | — |
| B 46 | All other diseases (Residual) | 88 | 87 | 1 | — |
| BE 47 | Motor vehicle accidents | 10 | — | 10 | — |
| BE 48 | All other accidents | 32 | 8 | 24 | — |
| BE 49 | Suicide and self-inflicted injury | 14 | — | 14 | — |
| BE 50 | Homicide and operations of war | — | — | — | — |

*a. If you do not classify causes of death according to the 1948 revision of the International Causes of Death, please give, on separate sheet, results of corresponding tabulation.*

*b. If total in column (3) is not total number of deaths, please explain difference.*

## INFANT MORTALITY AND STILL-BIRTHS.

During the first year of life, 29 children died, giving an infant mortality rate of 26.7 per 1,000 live births. The deaths during 1961 were distributed as follows :—

| | |
|---|---|
| Under 7 days ... ... ... ... | 14 |
| 7-28 days ... ... ... ... ... | 3 |
| 28 days to 3 months ... ... ... | 6 |
| 3 months to 1 year ... ... ... | 6 |

The neo-natal deaths, or deaths within the first four weeks of life, number 17 or 59% of the deaths in the first year. This is a neo-natal death rate of 15.7 per 1,000 live births as against 21.3 last year. Of these deaths 8, or 47%, were attributed to prematurity.

Recorded still-births numbered 20, a rate of 18.1 per 1,000 live and still-births, compared with 13.4 in 1960 and 15.6 in 1959. These still-births, together with deaths during the first week of life, give us a perinatal mortality rate of 30.7 per 1,000 live and still-births. Last year the rate was 32.5.

Of the 29 children who died during the first year of life, 2 were illegitimate giving an illegitimate infant mortality rate of 32.2. Last year the rate was 58.8. The number of illegitimate births in any one year is so small as to cause wide variation in the illegitimate infant mortality rate. Over the past 4 years the average has been 41.2 per 1,000 illegitimate births. This rate can be compared with an average figure for legitimate births of 22.8.

## MATERNAL MORTALITY.

There were no maternal deaths during the year.

## MOTOR VEHICLE ACCIDENTS.

Ten persons (9 males and 1 female) died as a result of motor vehicle accidents. The average age was 34 for males and 90 for females. The youngest was 15 and the oldest 90.

## ALL OTHER ACCIDENTS.

A total of 32 persons (23 males and 9 females) died from other accidents during the year as against 19 in 1960.

Analysis of accidental deaths (motor vehicle accidents excepted):—

| | |
|---|---|
| Consequent upon a fall ... ... ... ... ... | 13 |
| Drowning ... ... ... ... ... ... ... | 12 |
| Coal gas poisoning ... ... ... ... ... | 3 |
| Oil stove fumes poisoning ... ... ... | 1 |
| Electrocuted... ... ... ... ... ... .. | 1 |
| Shooting ... ... ... ... ... ... ... | 1 |
| Burns ... ... ... ... ... ... ... ... | 1 |

The average age was 49, the youngest was 20 and the oldest 90. 7 or 21.9% of these deaths occurred at the ages 75 and upwards.

## SUICIDES.

There were 14 deaths from suicide during the year, 9 males and 5 females. Last year there were 13 suicides (9 males and 4 females). Five resorted to drowning, coal gas was used in 5 cases, two resorted to hanging, one took rat poison and one threw herself out of a window. The average age was 58, the youngest was 25 and the oldest 82.

## CANCER.

During 1961, 129 people (73 males and 56 females) died of malignant tumours in Jersey. This gives a rate of 208 per 100,000 as against 275 in 1960 and 253 in 1959. These deaths constituted 16% of all deaths. The average age at death from cancer was 64 for males and 68 for females.

Cancer of the lung caused 36 deaths (32 males and 4 females). The average age at death was 63 for males and 65 for females. They constituted 27.9% of all deaths from malignant tumours and 4.4% of the total deaths.

These figures include deaths occurring in visitors but do not include Jersey residents who died out of the Island. We have received notification that 3 Jersey residents died from lung cancer in England last year and we know that one visitor died in Jersey from lung cancer, therefore the number of deaths among local residents from lung cancer was 38, the highest figure ever recorded.

Another 6 deaths from other forms of cancer also took place on the mainland, these including 3 brain tumours, 1 cancer of breast, 1 carcinoma of rectum and 1 carcinoma of ureter. During the past 5 years no less than 390 persons died between the ages of 35 and 65 from various forms of cancer. Of this total 209 were males and 181 were females. 96 of the male deaths and 18 of the female deaths were due to lung cancer. Deaths at these ages are untimely deaths and often remove the breadwinner from the home. The deaths that can be really regarded as preventable are those due to lung cancer and here again it must be pointed out that the death rate is higher than that for both sexes on the mainland. In an atmosphere so free of atmospheric pollution as that of Jersey the great bulk of these deaths must be directly attributable to the smoking of tobacco. The smoking habits of all cases occurring annually is not known, but again it has to be recorded that in 21 cases seen at Overdale during 1961 all were, or had been, smokers of tobacco and not less than 13 were smoking 20 or more cigarettes a day. It is also worthy of note that 3 out of these 21 cases smoked only pipe tobacco, their consumption varying from 4—7 oz. per week. More than 70% of these were local residents who lived in Jersey for all or most of their lives.

Analysis of all deaths from malignant tumours registered in Jersey during 1961 :—

| | Male | Female | Total |
|---|---|---|---|
| Buccal cavity and pharynx | 1 | — | 1 |
| Oesophagus | 1 | 3 | 4 |
| Stomach | 15 | 6 | 21 |
| Intestines except rectum | 2 | 7 | 9 |
| Rectum | 2 | 4 | 6 |
| Larynx | 2 | — | 2 |
| Trachea, bronchus and lung | 32 | 4 | 36 |
| Breast | — | 7 | 7 |
| Cervix uteri | — | 2 | 2 |
| Other and unspecified parts of uterus | — | 2 | 2 |
| Prostate | 1 | — | 1 |
| Bone and connective tissue | 1 | — | 1 |
| All other and unspecified sites | 13 | 21 | 34 |
| Leukaemia and aleukaemia | 2 | — | 2 |
| Lymphosarcoma and other neoplasms of lymphatic and hæmotopoietic system | 1 | — | 1 |
| | 73 | 56 | 129 |

## SMOKING.

A survey of Jersey's smoking habits has been repeated and the figures for 1961 show that there has been a very slight decrease in cigarette consumption compared with the years 1959 and 1960. This is supported by the fact that for the first time, in the last financial year, revenue in Jersey from tobacco showed a decrease.

Last year's survey covers 9,922 persons (4,829 males and 5,093 females). Though the quantities consumed are very slightly less than in 1960 it will still be noted that 37% of our adult males and 11.5% of our adult females are smoking 20 or more cigarettes per day. This excessive amount of heavy smoking can be directly attributed to the cheapness of cigarettes in Jersey and it is doubtful if any real progress will be made in reducing the amount of tobacco smoked to a reasonable level unless there is a substantial increase in its price. If tobacco cost as much in Jersey as it does in England one can assume that the level of smoking would eventually approximate to the English level.

There can be few nowadays who doubt the link between the smoking of tobacco and serious, disabling lung disease. The high death rate from lung cancer and the undue number of cases of pulmonary tuberculosis, where again the pattern of smoking is much higher than in the general population, should not be allowed to overshadow what is the greatest cause of disability, that is, chronic bronchitis. Bronchitis can and does occur in people who never smoke, but I have yet to see the male completely incapacitated from work because of his bronchitis who has not also been a heavy smoker. Chronic bronchitis, once it has developed and become well established, does not benefit very noticeably from stopping smoking. The damage has been done and though the victim is usually forced to give up smoking because of incessant coughing he is not likely to regain his former health.

Cheap tobacco continues to cost this Island a great deal in respect of health, but just how to solve the problem is not easy. Public acceptance of the truth has been slow, but there is some hope in the words of Clough's poem :—

"For while the tired waves, vainly breaking,
Seem here no painful inch to gain,
Far back, through creeks, and inlets making,
Comes silent, flooding in, the main."

Smoking has always been regarded by some as an unnatural and harmful pastime, but until recent years little attempt has been made to assess scientifically the damage, if any, done thereby. Shortness of wind and a smoker's cough have always been accepted as part of the price paid per packet of cigarettes, but it was not until the years between the first and second great wars that warning voices began to suggest that lung cancer might also be attributable to the same "innocent pleasure". Even then the warnings fell largely on deaf ears and it was not until 1950 that the first factual papers, that could stand up to the critical guns of the statisticians, appeared. The papers were published more or less at the same time in Britain and America. Both were the result of independent lines of thought and research, but both reached the same conclusion—cigarette smoking is associated with lung cancer. The publication of these papers marked the turn of the tide. In 1951, in London, in a chest hospital with a world-wide reputation, a lecture was given before a large company of doctors interested in chest disease. The lecturer was an eminent American chest surgeon who had been the first to successfully remove an entire lung in the hope of curing a case of lung cancer, and the theme of his lecture was the casual relationship between cigarette smoking and lung cancer. He marshalled his facts in a logical fashion that carried conviction to the minds of all present. There was not a voice of dissent. As he sat down he immediately placed a cigarette in a long holder and lit up. The Chairman, an equally eminent British thoracic surgeon, also lit a cigarette, as did the bulk of the audience. All laughed as it was realised how few in that company were, at that moment, prepared to act on what they had heard. The lecturer excused his inconsistency by saying that his cigarette holder contained a special filter which he hoped would save him from harm. The Chairman's excuse was that he had been smoking for so many years that if lung cancer was due to come his way, it would have arrived before now. Thoughtful, but still smoking, the audience departed.

That was 11 years ago. Since then the tide, then just on the turn, has been flowing in more and more strongly. Within the next few years both lecturer and chairman gave up smoking. The Chairman is happily still with us, but our lecturer is dead—killed by the disease he sought to conquer, one more victim of the habit against which he sought to warn others. His filter was not enough. Since 1950 many hundreds of papers have been published from all over the world and all have told the same tale. Whatever the country or nation, wherever cigarette smoking has increased, lung cancer has increased with it. Many eminent bodies have sifted the evidence and reported their findings. In one solemn declaration after another they have made it plain that cigarette smoking is the cause of the bulk of the thousands of cases of lung cancer now occurring each year. As the tide of scientific evidence has flowed in, it has quietly and almost unsuspectedly risen to such a height, that at last, a wave, in the shape of the report on smoking by the Royal College of Physicians, has succeeded in breaking over the wall of public apathy, stirring the slumbers of politicians and people alike.

Why is it taking so long to convince folk of the facts ? Why is it that in most areas the smoking habit has continued to increase even while the facts condemning it receive more and more publicity ? Part of the answer may be found in the strenuous opposition of those who feel that their interests, whether corporate or personal, are being threatened. A smoke screen of doubt has been laid so that the true facts for long have been hidden or distorted. At the same time the ever increasing purchasing power of the present generation has been exploited by a tobacco advertising campaign costing, in Britain in 1960 alone, no less than 11 million pounds. It is a strange paradox that the law that forbids the advertising of cancer " cures " does not forbid the advertising of one of the major causes of the disease.

Another, and perhaps more important, part of the answer may be expressed in one word—" addiction " This word " addiction " is used not only in its medical sense, as in any other form of drug addiction, but also in a wider sense to include " social custom " or " tradition ". Addiction to any drug, be it opium or alcohol, hashish or tobacco, is not going to establish itself to any great extent in the face of strong community opposition. Parental example and social custom probably play the biggest part in initiating the young person into the " joys " of smoking. Once firmly established, the tobacco habit is so strong, that many who wish to cut down or to stop altogether, cannot, and are still—unhappily, guiltily, fearfully—smoking as much as ever. Others, who have given up for a time, relapse because of the disapproval and example of their own social circle. Minority decisions are rarely popular. The young teenagers find it easy to start smoking, in fact for many it is hard not to start. The afflicted adults, poorer in pocket and in health, find it even harder to stop smoking and for some it is almost impossible. I wonder how many who start smoking realise that they may never be able to stop ? It is a sobering thought that gets no publicity in the tobacco advertisements.

Custom also ordains that smokers are free to indulge their habit almost anywhere and at any time. To a non-smoker, tobacco smoke is most unpleasant. It quickly renders the atmosphere of any room or building stale or distasteful and in many it induces a sense of malaise. A smoky chimney that so affected the atmosphere of a room would not be tolerated for a moment, yet custom decrees that smokers may inflict equal annoyance on their friends or fellow travellers with impunity. That this " nuisance " is now so generally accepted as a necessary evil is probably the clearest indication as to how strongly entrenched the smoking habit has become.

This is the problem. A strongly entrenched social habit has now been shown to be harmful. It is associated with the bulk of the deaths due to lung cancer and with a proportion of (1) the deaths due to cancer elsewhere than in the respiratory tract; (2) deaths due to heart failure; and (3) with deaths due to bronchitis. In addition it is linked with the disabling diseases of tuberculosis and chronic bronchitis. Before smoking can be reduced to a harmless level there must be a general public acceptance of these facts. It is amazing how many even to-day still believe that smoking is harmless. If they have heard or read anything of the true facts, at the same time enough tares of doubt have been sown to almost smother the true wheat.

This state of affairs must be put right. The facts must be made known to folk of all ages. So far only a small minority of folk have taken the trouble to study the evidence. By all the means that are available, the truth, that looms so large in their vision, must be brought home to the vast majority of the indifferent. This will not be easy, but I believe it can be done. It is a fight that must be fought on the local front as well as on the national front, for what happens to one's neighbours means more than what is recorded for the country as a whole.

It would appear that cigarette smoking cannot be started without a grave risk of the habit taking such a hold that the victim must continue to smoke, often to excess. The youth of our Island should then be taught the dangers and futility of smoking before ever they are committed and to this end instruction should begin at the age of 8. They should grow up with the realisation that the non-smoker gains nothing and loses much by starting to smoke. They must realise that even if tobacco were rendered harmless, smoking is still an unpleasant, selfish habit, obnoxious to many. They should be protected by legislation that is both enforceable and is enforced. Those connected with the care and upbringing of the young should consider the fact of example and, if they can, become non-smokers themselves. If they cannot break the habit, then at least they should make every effort not to smoke in front of children.

Smoking in public places should be banned to all. This ban would not only help to enforce the absolute ban on young people smoking, but would make public places a great deal more pleasant for that half of our local population that has chosen not to smoke.

The price of tobacco should be such as not only to deter the young from starting to smoke, but so as to keep the "addict" from excess and to help reinforce the will of those who wish to give it up. It may be argued that the Island is dependent on cheap tobacco for the attraction of visitors, but this is very doubtful. Cheap tobacco is not one of the items starred by Jersey's tourist literature and many coming to the Island are unaware of the fact that tobacco here costs less than half the United Kingdom price. Even if it were widely known, the morality of making money from such a dangerous habit might be regarded as being almost on a par with the morality of the opium wars once fought by Britain.

Had any other commodity involved in our daily living been shown so clearly to have such dangerous consequences as has tobacco, it would have disappeared from circulation almost at once. Tobacco still remains in circulation only, I believe, because of public apathy or ignorance plus a vast amount of personal addiction. One day I believe, that as the true facts become more widely known and more fully accepted, tobacco smoking, as a popular habit, will disappear.

Till then it is surely the duty of every responsible government to do all in their power to prevent the young from acquiring the habit and to help the adults to give it up. It is possible to give up cigarette smoking. Many are doing it every day and are feeling much the better for it. My advice to those who wish to take the step, is to make a complete break now and, if possible, to do it in company with others. Make it a communal effort, at work as well as in the home. There may be some difficulty in the first two or three weeks, but if this is realised and faced firmly it is easily overcome.

## TABLE IV.

Survey of smoking habits of the general population in 1961—giving distribution by age, sex and amounts smoked.

| Age Group | | Number asked. | Non-smokers | | Pipe and hand rolled cigarettes | | | | | | Packeted cigarettes | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2-oz. | | 4-oz. | | 6-oz. + | | 0—9 | | 10—19 | | 20—29 | | 30—39 | | 40 + | |
| | | | Total | % | T. | % | T. | % | T. | % | Total | % | Total | % | Total | % | Total | % | Total | % |
| 15—19 | M | 419 | 219 | 52.27 | 1 | 0.24 | — | | — | | 61 | 14.56 | 62 | 14.79 | 67 | 16.00 | 5 | 1.19 | 4 | 0.95 |
| | F | 524 | 401 | 76.53 | — | | — | | — | | 58 | 11.07 | 51 | 9.73 | 13 | 2.48 | 1 | 0.19 | — | |
| 20—29 | M | 992 | 394 | 39.72 | 17 | 1.71 | 4 | 0.40 | — | | 58 | 5.85 | 175 | 17.64 | 258 | 26.00 | 49 | 4.93 | 37 | 3.70 |
| | F | 1241 | 777 | 62.61 | — | | — | | — | | 124 | 9.99 | 243 | 19.58 | 82 | 6.60 | 12 | 0.96 | 3 | 0.24 |
| 30—39 | M | 1127 | 367 | 32.56 | 59 | 5.24 | 35 | 3.1 | 6 | 0.53 | 53 | 4.70 | 167 | 14.91 | 309 | 27.41 | 77 | 6.83 | 54 | 4.79 |
| | F | 1190 | 656 | 55.13 | — | | — | | — | | 134 | 11.26 | 230 | 19.26 | 146 | 12.35 | 21 | 1.76 | 3 | 0.25 |
| 40—49 | M | 957 | 261 | 27.27 | 38 | 3.98 | 48 | 5.01 | 8 | 0.83 | 33 | 3.44 | 142 | 14.83 | 281 | 29.36 | 62 | 6.48 | 84 | 8.77 |
| | F | 976 | 489 | 50.10 | — | | — | | — | | 95 | 9.73 | 222 | 22.74 | 147 | 15.06 | 16 | 1.63 | 7 | 0.72 |
| 50—59 | M | 776 | 183 | 23.58 | 48 | 6.18 | 37 | 4.77 | 6 | 0.77 | 32 | 4.12 | 127 | 16.36 | 209 | 26.93 | 71 | 9.15 | 63 | 8.12 |
| | F | 702 | 409 | 58.26 | — | | — | | — | | 56 | 7.97 | 135 | 19.23 | 80 | 11.39 | 11 | 1.56 | 11 | 1.56 |
| 60 + | M | 558 | 164 | 29.39 | 55 | 9.85 | 36 | 6.45 | 6 | 1.07 | 51 | 9.14 | 88 | 15.77 | 122 | 21.86 | 23 | 3.94 | 13 | 2.33 |
| | F | 460 | 310 | 67.39 | — | | — | | — | | 52 | 11.30 | 60 | 13.04 | 31 | 6.74 | 2 | 0.44 | 5 | 1.09 |
| TOTAL | M | 4,829 | 1,588 | 32.88 | 218 | 4.51 | 160 | 3.31 | 26 | 0.54 | 288 | 5.92 | 761 | 15.75 | 1246 | 25.80 | 287 | 5.94 | 255 | 5.28 |
| | F | 5,093 | 3,042 | 59.73 | — | | — | | — | | 519 | 10.19 | 941 | 18.47 | 499 | 9.79 | 63 | 1.23 | 29 | 0.57 |

Pipe and hand rolled = ozs. smoked per week.
Cigarettes = amount smoked per day.

# TUBERCULOSIS IN JERSEY.

As can be seen from the table at the end of this section, 1961 produced only 36 new cases of indigenous pulmonary tuberculosis, the lowest number of new cases ever recorded in Jersey. Only 10 of these new cases were in the advanced category. These figures may be compared with 1951 when there were 81 new cases of which 36 were in the advanced category. During the last 6 years (1956–1961) 41% had a positive sputum at, or soon after, the time of diagnosis, compared with 51% for the previous 6-year period (1950–1955).

Thus in the past 12 years the average incidence of new cases has fallen from 84 per annum to 44 per annum, a reduction in incidence of 47%. At the same time the number of infectious cases has fallen from an average of 42 per annum to 16 per annum, a reduction in infectivity of 64%.

While the situation is undoubtedly improving it should be noted that the average figure for the past 3 years—44 cases per annum—works out at a rate of 70 per 100,000 population. This figure is to be compared with the figure of 45.5 per 100,000 for England and Wales in 1960 and it shows that there are still no grounds for complacency. Males, as ever, outnumbered the females, but mainly in those aged 35 and over, where the proportion is 2—1. Little, if any, improvement is to be noted in the yearly number of cases over 35 years of age. The change for the better is in those under 35 years of age. Here B.C.G. has played the biggest part in this improvement, though there can be little doubt that the reduction in the size of the pool of infectivity must also be playing a part.

An additional 13 cases of active pulmonary tuberculosis were also discovered during the year by means of routine X-ray of 2,759 foreign workers. These, when fit for travel, were returned to their own countries for treatment.

There were 3 deaths from pulmonary tuberculosis during the year and one death from non-pulmonary tuberculosis. The three pulmonary deaths were all patients whose disease was of very long standing, death in each case being due to cor pulmonale.

| Year | 0–15 | | 15–24 | | 25–34 | | 35–44 | | 45–54 | | 55–64 | | 65–74 | | 75 + | | Total | | No. Sputum Positive | | % Sputum Positive Male and Female combined |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 1950 | 11 | 9 | 11 | 14 | 8 | 10 | 9 | 2 | 3 | 6 | 3 | 2 | 1 | 1 | — | — | 46 | 44 | 22 | 15 | 51% |
| 1951 | 7 | 3 | 15 | 11 | 7 | 4 | 7 | 4 | 6 | 7 | 4 | 2 | 3 | — | 1 | — | 50 | 31 | 25 | 12 | |
| 1952 | 2 | 2 | 8 | 9 | 12 | 12 | 10 | 3 | 8 | 1 | 4 | 6 | 2 | 2 | — | — | 46 | 35 | 30 | 20 | |
| 1953 | 3 | 4 | 11 | 12 | 6 | 3 | 9 | 2 | 7 | 1 | 1 | 2 | 3 | 1 | — | 1 | 40 | 26 | 17 | 18 | |
| 1954 | 1 | 1 | 10 | 4 | 3 | 2 | 8 | 3 | 6 | 6 | 5 | 1 | — | 1 | — | — | 33 | 18 | 17 | 10 | |
| 1955 | 1 | 2 | 6 | 7 | 6 | 10 | 5 | 1 | 3 | 2 | 6 | 1 | — | — | — | — | 27 | 23 | 16 | 10 | |
| 1956 | — | — | 11 | 13 | 9 | 7 | 6 | 3 | 5 | 2 | 2 | 1 | 1 | — | 1 | — | 35 | 26 | 19 | 5 | 41% |
| 1957 | — | — | 5 | 6 | 5 | 7 | 6 | 3 | 2 | 2 | 7 | 1 | 4 | — | — | — | 29 | 19 | 17 | 4 | |
| 1958 | — | 1 | 3 | 9 | 8 | 4 | 9 | 5 | 6 | 5 | 6 | 2 | 6 | — | 1 | 1 | 39 | 27 | 24 | 10 | |
| 1959 | 1 | — | 4 | 1 | 5 | 3 | 8 | 1 | 6 | 6 | 5 | 3 | 2 | 1 | — | — | 31 | 15 | 11 | 8 | |
| 1960 | 2 | 1 | 2 | 4 | 5 | 3 | 9 | 4 | 7 | 3 | 6 | — | 3 | 2 | — | — | 34 | 17 | 14 | 5 | |
| 1961 | 2 | — | 2 | 4 | 2 | 1 | 6 | 3 | 4 | 3 | 4 | 2 | 2 | 1 | — | — | 22 | 14 | 8 | 3 | |

# MINIATURE RADIOGRAPHY DEPARTMENT.

During 1961, 13,899 individuals were X-rayed on the 70 mm. Schonander machine situated at 100, Halkett Place. 477 of these were X-rayed more than once so that a total of 14,376 pictures were taken, processed and read. Double reading has always been the practice in Jersey and only when both readers agree is the miniature film passed as normal. 4% of the males and 3% of the females were recalled for large films.

28 cases of active pulmonary tuberculosis were discovered, 13 of these being aliens. A further 32 cases were placed under observation. 13 cases of lung cancer and 27 cases of heart disease were also brought to light during the year.

Self-applicants being done for the first time totalled only 745, the lowest number since the unit started work in 1954. Repeat self-applicants totalled 8,122, the highest number in any year since the commencement. The usual incidence of pulmonary tuberculosis was maintained for these self-applicants, in that the highest incidence was recorded in those over 40 who were being X-rayed for the first time, while the lowest incidence was also recorded in those over 40 who were being X-rayed for the second or subsequent time. In fact, were it not for the increasing prevalence of lung cancer in those over 40, a repeat annual X-ray of those over 40 would not be necessary. Once the " active " and " observation " cases have been weeded out from the over 40's there seems little likelihood of the remainder developing active pulmonary tuberculosis.

New methods must be found of attracting new applicants for an annual X-ray. Even the doctors' cases are slightly down in number, being only 1,569 compared with 1,614 in 1960. Ideally, an annual chest film should be obligatory on every adult member of our community. It is for our own good as well as for the good of others that we may unwittingly infect. The majority of our new cases seen each year have been ill for several months, and a possible menace to their family and friends during that time, before diagnosis and treatment. The scheme of compulsory chest X-ray works well in Australia and I think Jersey might well follow Australia's example in this respect.

## MASS MINIATURE RADIOGRAPHY. Year ending 31st December, 1961.

| D.N.A.<br>Large films<br>Dr. M. 1<br>,, F. 3<br>Alien M. 1<br>,, F. 2 | | Min. X-rays | | Passed on Min. films | | Recalled for Large film | | Passed on Large film | | Treatment Cases | | Cases for Obsv. | | Other significant abnormalities. | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | Cancer | | Heart | | Other Lung Diseases | |
| | | Grand Totals | Repeat Totals | Totals | % of Grand Total | Total | % of Grand Total | Total | % of Grand Total | Total | % of Grand Total | Total | % of Grand Total | Total | % of Grand Total | Total | % of Grand Total | Total | % of Grand Total |
| Self-Applicants (New) | M | 310 | — | 284 | 91.61 | 26 | 8.40 | 14 | 4.50 | 2 | .66 | 3 | .99 | — | — | 2 | .66 | 4 | 1.32 |
| | F | 435 | — | 407 | 93.56 | 28 | 6.43 | 16 | 3.67 | — | — | 4 | .92 | — | — | 5 | 1.15 | 3 | .69 |
| Self-Applicants (Repeat) | M | 3991 | 3991 | 3918 | 98.19 | 73 | 1.82 | 46 | 1.15 | 2 | .05 | 2 | .05 | 4 | .10 | 1 | .02 | 18 | .45 |
| | F | 4156 | 4156 | 4086 | 98.34 | 70 | 1.68 | 45 | 1.08 | 1 | .02 | 4 | .07 | — | — | 6 | .14 | 14 | .34 |
| Doctors' Cases | M | 806 | 306 | 697 | 86.47 | 109 | 13.52 | 48 | 6.00 | 4 | .37 | 5 | .62 | 7 | .86 | 5 | .62 | 37 | 4.60 |
| | F | 854 | 329 | 784 | 91.80 | 70 | 8.17 | 24 | 2.81 | 6 | .70 | 4 | .47 | 2 | .24 | 4 | .47 | 27 | 3.17 |
| Contacts | M | 67 | 30 | 63 | 94.03 | 4 | 5.99 | 3 | 4.42 | — | — | — | — | — | — | 1 | 1.50 | — | — |
| | F | 77 | 49 | 73 | 94.80 | 4 | 5.20 | 2 | 2.60 | — | — | — | — | — | — | 1 | 1.30 | 1 | 1.30 |
| Tuberculin Positives | M | 38 | 35 | 35 | 92.10 | 3 | 8.00 | 1 | 2.64 | — | — | 1 | 2.64 | — | — | — | — | 1 | 2.64 |
| | F | 57 | 56 | 56 | 98.42 | 1 | 1.74 | 1 | 1.74 | — | — | — | — | — | — | — | — | — | — |
| Aliens | M | 1855 | 1013 | 1787 | 96.33 | 68 | 3.72 | 43 | 2.31 | 9 | .43 | 5 | .21 | — | — | 1 | .05 | 9 | .48 |
| | F | 904 | 464 | 868 | 96.02 | 36 | 3.90 | 18 | 2.00 | 4 | .55 | 3 | .33 | — | — | 1 | .14 | 8 | .78 |
| Hospital Staff | M | 149 | 141 | 147 | 98.65 | 2 | 1.34 | 2 | 1.34 | — | — | — | — | — | — | — | — | — | — |
| | F | 677 | 564 | 667 | 98.52 | 10 | 1.50 | 8 | 1.20 | — | — | 1 | .15 | — | — | — | — | 1 | .15 |
| TOTALS | M | 7216 | 5516 | 6931 | 96.05 | 285 | 3.95 | 157 | 2.19 | 17 | .22 | 16 | .22 | 11 | .15 | 10 | .14 | 72 | .99 |
| | F | 7160 | 5618 | 6941 | 96.94 | 219 | 2.92 | 114 | 1.60 | 11 | .16 | 16 | .22 | 2 | .02 | 17 | .25 | 54 | .74 |

13,899 individuals were X-rayed, 477 more than once, making a total of 14,376 films taken.

## ANTI-POLIOMYELITIS VACCINATION.

During the year a total of 7,263 injections were given. Of these 5,481 were carried out by this department, and 1,782 were done privately by medical practitioners. By the end of the year 3,052 persons had received two injections, 9,330 had received three injections and a further 783 had received one injection only. A further 603 persons had registered but had not yet received their first injection.

During 1961 a fourth injection was given to children between the age of 5 and 12 years. 2,798 were given in this group.

Of the 15,180 persons who had received two, three or four injections, 4,344 or 29% were under six years of age, and 7,675 or 51% were in the age group 6—17.

As the estimated population for these two age groups is 5,521 and 9,367 respectively. it would appear that 79% under six years of age, and 82% in the age group 6—17, have been protected.

## B.C.G.

During 1961, 1,101 individuals, including 13 over the age of 15, received B.C.G. No less than 1,018 of these cases were children under the age of 12 months, of whom 1,012 were born during the year.

No vaccinated person developed clinical tuberculosis during the year.

| Age Groups | Population | Number protected by B.C.G. | Percentage protected by B.C.G. |
|---|---|---|---|
| 0— 4 ... ... | 4,720 | 4,408 | 93% |
| 5— 9 ... ... | 3,707 | 3,277 | 88% |
| 10—14 ... ... | 4,114 | 3,032 | 74% |
| 15—19 ... ... | 3,479 | 2,782 | 80% |
| 20—24 ... ... | 3,397 | 2,531 | 75% |
| 25—29 ... ... | 3,494 | 727 | 21% |

15,417

The population was estimated for each year as follows :—

1— 6 the births minus the deaths.

7—14 the actual population present in all the Island schools, States aided and private.

15 and over the numbers present in the schools when those in these age groups were school children.

Jersey is the only part of the British Isles where B.C.G. is given as a routine measure to infants at, or soon after, birth. In the United Kingdom it is official policy not to offer B.C.G. at birth unless the child is a contact of a known case. Instead, B.C.G. may be given at the discretion of the local authority at the age of 10 years. Even at this late age B.C.G. vaccination is not actively encouraged and it is only when the child is 13 years or over that an effort is really made to give the vaccine to all who are then fortunate enough to be still tuberculin negative.

B.C.G. does protect, especially from the ravages of primary and post primary disease in the young. It has also an important part to play in the prevention of the development of disease in later years from foci of bacilli silently disseminated in early years. In the Jersey annual report for 1952 the present writer made this prophecy " Provided the B.C.G. acceptance rate remains the same as it is to-day we can expect to have in 1959 not more than 10 new cases of active disease under the age of 25 ". In 1959 the number of new cases under 25 years of age was, in fact, only 6. In 1949 and 1950 cases under 25 were averaging 49 per annum. That was when the use of B.C.G. in Jersey began. In the years 1959 and 1960, cases under 25 averaged just under 8 per annum. None of those under the age of 15 came from the vaccinated and in those aged 15–25, the protection rate was 90%. Thus, in 10 years Jersey has achieved in this age group a fall of incidence of 84%. In the United Kingdom, where the pool of infectivity is relatively smaller, the fall in incidence in the same age group has been only 67% over the same period.

We live in a world where there are many infectious cases of pulmonary tuberculosis still at large. It is surely wise to regard every infant as a potential contact. In the United Kingdom, of the school children offered B.C.G. vaccination in 1960, 15.4% were found to be already infected with the germ of tuberculosis. The majority of these infections will have come from an unknown source.

1961 14.2
age 13

Again, when an adult case is discovered and the contacts are tested it will be found that at least half of them are already infected. How much better to ensure that the children are already protected before the adult case develops his or her disease.

Again, in 1960 in the United Kingdom not all of the school children offered B.C.G. accepted the offer, so that, in the end, only just over 52% received B.C.G. By offering B.C.G. at birth, we in Jersey achieve, without difficulty, an acceptance rate of over 90%.

1961
68%

Again, when giving B.C.G. at birth, no preliminary tuberculin test is needed, but when B.C.G. is given to school children a preliminary test is needed, thereby doubling the labour and the expense.

By the use of B.C.G. it is hoped to prevent the infection of our children with virulent tubercle bacilli. By delaying the time till school age the cost of the operation is doubled and its protective efficiency is halved. Not only that, but of those who do accept at the age of 13, for one out of seven it is already too late. They are already infected and sooner or later one in ten of them will develop active disease.

In England and Wales in 1960 in those under 25 years of age there were 5,400 cases of pulmonary tuberculosis and 1,000 cases of non-pulmonary tuberculosis. Why ? In the same year there were 64 deaths under the age of 25 years from all forms of tuberculosis. Why ? B.C.G. at birth would have prevented 95% of the cases and all of the deaths. Had there been 6,000 cases of diphtheria with 64 deaths in the same year there would have been much comment. Clinical tuberculosis in the young is as preventable as diphtheria, with only one injection. Why then was its giving delayed ?

It is argued by some, that by leaving the infant, who is not a known contact, unprotected, the detection of infection in this child when it does occur, may lead to the detection of some unsuspected adult case. The biased mother, who is not always aware of the noble self-sacrifice she is compelled to make, might, not unfairly, regard this manoeuvre rather in the way a mother goat regards the tethering of her kid so that a man-eating tiger may be caught. Our sympathies were always with the kid, for the hunter's gun was not always in time. To many this policy is not only of doubtful morality, but it is also of more than doubtful efficiency. How many adult cases were detected in 1960 arising from the 82,000 children that were found to be already infected during the school B.C.G. programme ? How many adult cases were detected, arising from the 1,900 cases of pulmonary disease that occurred in 1960, in those under the age of 15 ? Precious few. Even in infancy, when the circle of contacts is smallest, the occurence of infection does not always lead to the detection of the unknown source.

This policy only succeeds in finding a few cases by permitting many to occur. It gains a pawn by sacrificing a queen. Even if there were a balance of good to be obtained it would only be ethically permissible if no child would suffer and that means immediate treatment once infection has occurred. This can only be achieved by means of a routine tuberculin test for all, every 3 months, from birth to the age of 13 years. What a labour and expense ! What an impossible task ! How futile, when one injection at birth is all that is needed.

It is not for me to criticise official policy in the United Kingdom, but I am sure that our method of using B.C.G. in Jersey is both cheaper and more effective than the method used in Britain.

# OVERDALE HOSPITAL AND OVERDALE CHEST CLINIC.

During 1961, 496 patients were admitted to Overdale Hospital. The greater part of this number, 307, were convalescent cases transferred from the female surgical beds of the General Hospital. Of the remaining 189 admissions, 39 were cases of tuberculosis, both pulmonary and non-pulmonary; 12 were geriatric cases; 53 were of varying kinds of infectious disease and 85 were cases of non-tuberculous chest disease. The biggest group of these non-tuberculous pulmonary cases was made up of lung cancers coming in either for diagnosis and treatment or for nursing care in the terminal stages.

In the Out-Patients Chest Clinic there was a total of 1,512 attendances. The bulk of the new attendances pass through the hands of Dr. Gruchy, who sorts them into the cases of the tuberculous and non-tuberculous. As a rule the cases of non-tuberculous disease remain under his care while the tuberculosis cases pass to the care of the Medical Officer of Health.

| | |
|---|---|
| Medical Officer of Health. | |
| Old Cases | 809 |
| New Cases | 58 |
| Dr. Gruchy. | |
| Old Cases | 408 |
| New Cases | 237 |

During 1961, a most generous donation of £500 from one who wishes to remain anonymous, was given for the purchase of special equipment needed in the assessment of pulmonary efficiency.

This equipment has been purchased and in the report for 1962 it is hoped to include details of how it is being used.

# OVERDALE STATISTICS.

| | Patients in Hospital 1/1/61 | Admissions during 1961 | Deaths during 1961 | Discharges during 1961 | Patients in Hospital 31/12/61 |
|---|---|---|---|---|---|
| TUBERCULOSIS | | | | | |
| Pulmonary Tuberculosis | 14 | 32 | 2 | 36 | 8 |
| Other Tuberculosis cases | — | 7 | — | 4 | 3 |
| OTHER CHEST DISEASES | | | | | |
| Chest Investigations | 4 | 6 | 15 | 70 | 4 |
| Bronchoscopy | | 23 | | | |
| Carcinoma of Lung | | 27 | | | |
| Pneumonia | | 4 | | | |
| Pneumonitis | | 5 | | | |
| Spontaneous Pneumothorax | | 4 | | | |
| Pleural Effusion | | 6 | | | |
| Bronchitis and Asthma | | 2 | | | |
| Emphysema | | 1 | | | |
| Lung Abscess | | 1 | | | |
| Cor Pulmonale | | 1 | | | |
| Rheumatoid Lung | | 2 | | | |
| Bronchiectasis | | 2 | | | |
| Hæmoptysis | | 1 | | | |
| INFECTIOUS DISEASES | | | | | |
| Measles | — | 13 | — | 13 | — |
| Chicken Pox | — | 7 | — | 7 | — |
| Scarlet Fever | — | 6 | — | 6 | — |
| Rubella | — | 1 | — | 1 | — |
| Glandular Fever | — | 3 | — | 3 | — |
| Tonsillitis | — | 6 | — | 6 | — |
| Food Poisoning | — | 5 | — | 5 | — |
| Impetigo | — | 4 | — | 4 | — |
| Diarrhoea and Vomiting | — | 2 | — | 2 | — |
| Virus Infection | — | 1 | — | 1 | — |
| Influenza | — | 3 | 1 | 2 | — |
| Meningo-Encephalitis | — | 1 | — | 1 | — |
| Herpes Zoster | — | 1 | — | 1 | — |
| Chronic Sick | 14 | 12 | 2 | 4 | 20 |
| Post Operative | 10 | 307 | — | 314 | 3 |
| | 42 | 496 | 20 | 480 | 38 |

# SCHOOL HEALTH SERVICE.

I have the honour to submit the Annual Report on the work of the School Medical Service during the year ended 31st December, 1961.

During the year, all of our Island's thirty-seven schools were inspected. In routine medical examinations 2,304 school children were seen. Of this number, 214 were referred for specialist opinion.

A great proportion of Jersey children are well looked-after by their own family doctors. Yet school medical inspection is still necessary, because it sometimes discovers early defects which may not be suspected nor sought for, except in such routine examinations. Of these, the commonest unsuspected defect is imperfect vision.

Early discovery of eye trouble is of the utmost importance, for then it can usually be easily corrected. If a defect is left to grow to the point where it becomes evident to the sufferer, it may require more elaborate measures to correct it, with the prospect of having to wear spectacles for the remainder of life. In numerous cases, early correction of a visual defect can bring about an improvement so great, that the vision may revert to normal.

The effects of catarrh still account for many of the defects discovered.

It is likely that the general increase in the height of the average school child might help to explain the numbers of children with poor posture.

Poorly developed arches seem to be not uncommon amongst foot defects. It has occurred to me, in a few cases at any rate, that practising ballet-style dancing may well be responsible for the noticeable flattening of the arches of the feet in some girls. This does not mean that I am against all types of dancing—far from it—but there are some poses in ballet so unnatural that they can but have a damaging effect on young unformed and undeveloped feet.

Of course, the " winkle-picker " is still with us, though there are signs that the " chisels " are coming in.

The figure of 84% diphtheria immunisation amongst children is very commendable. I am also satisfied with the rate of the polio vaccinations. It is hoped that the oral Sabin type of polio vaccine will replace the Salk type which needs to be injected, early in 1962.

However, the rate of smallpox vaccination is not so satisfactory. I have been struck by the number of school children whose vaccinations have been allowed to grow out of date. Even more disturbing is the number of children who have never been vaccinated at all. The time for primary vaccinations, performed free in Child Welfare Clinics, is between twelve and twenty-four months. If it is performed at a later date, the chance of severe and sometimes fatal reaction from primary vaccination increases.

With so many countries demanding recent vaccination before they will admit travellers, there is nobody who can be certain of going through life without vaccination being required at some time or other. If primary vaccination is performed when adult, the reaction can be, at the least, uncomfortable. Also in these days of rapid transport, it is likely that from time to time a person who is incubating smallpox will arrive unheralded. In this event his introduction amongst a population which has allowed it's immunity to lapse or go by default because they cannot be bothered, would be disastrous. I hope that by some effort it may be possible to bring smallpox vaccinations up to date in the schools during 1962.

I have at times noticed children who show evidence of excessive fatigue from extra-school activity. On the whole a reasonable job, performed outside of school hours can be a very good thing and promotes independence and a sense of responsibility. Similarly, in certain domestic and economic circumstances, it has almost become traditional that every member of the family lends what help he or she can in certain seasons. To that there can be no objection.

However, I have heard of cases where at times three nights a week, children are expected to work all night ; and of girls who, in their school " holidays ", are expected to work literally from sun up to sun down, seven days a week without leisure or recreation. To this I strongly object. We all have to take up our burdens too soon anyway, and I feel that the evil day might be put off as long as possible—at least until after the twelfth birthday.

The foregoing only applies to a few cases.

What is causing real concern is the number of children who are " habit " smokers. I suppose most of us smoked an occasional cigarette in our school lives, possibly mainly from curiosity. But when one hears of two eight-year olds who are regularly " 5 or more a day " and when a ten-year old young lady is willing to offer you one of hers, it does begin to worry one. There is a small number of children smoking regularly in the primary schools. They appear to be amongst the less intelligent who adopt the habit in order to " ape " their heroes—fathers, brothers, TV– and movie-stars. The major increase in numbers occurs in the secondary schools, where these children act as an example to the others, who are as yet hesitant in adopting the habit. I reckon that more than 40% of sixteen-year old boys and 10% of girls in the same age group are smokers.

But I think that there is another element entering besides a desire to " act adult ". I am certain that, at least in some cases, cigarette smoking can be a battle ensign in the war between the " hep " and the " square ". It is difficult for a generation which has made such an unholy mess of things, to be dictatorial to the inheritors of a world more insecure than at any period in its history ; and anyway, I do not see how one can tell young people that they should not smoke when one is acting like a badly-stoked furnace oneself.

Neither is it easy to impress a fourteen-year old with the dangers of developing cancer of the lung in his or her forties, when we can give no guarantee that we will not all be atomised long before then.

The major difficulty, however, is to find an approach to young people that will convince them that smoking is harmful, when most of the older people they see—and whose example they follow—are smoking heavily. Bringing back the law—never rescinded on the Mainland—making it illegal for minors to be in possession of tobacco, will work in some cases in forcing the habit smokers to be more secretive and surreptitious and by making it more difficult for them to convert the non-smokers. This result, however, could only be expected if the law is enforced and given teeth. On the Mainland, it is more honoured in the breach than the observance to such an extent that most people (even individual policemen) do not know it exists.

My feeling is that the aim should be to deprive the tobacco habit of its " glamour " and at the moment I am searching for a more effective method of appeal, if one exists, than hectoring laws or lectures. Any help or suggestions from whatever source, would be much appreciated.

With regard to school buildings, the elaborate programme of new building and modernisation and the improvement of amenities in the older ones, continues. There are some schools where schemes for the complete redevelopment of the surrounding areas or the prospect of early complete redevelopment of the surrounding areas or the prospect of early construction of a completely new school may cause a hold-up, but I have no doubt that, in general, Jersey schools are really second to none in quality.

Personally, I find carrying out the School Medical Inspections a most enjoyable experience. This is due to the unfailing and cheerful co-operation of Principals and staff, and again I wish to express my sincere appreciation and gratitude to them for making these interruptions to their routine so pleasant, and for their highly organized control which ensures against any wastage of time.

E. J. DESMOND,
*School Medical Officer.*

# SCHOOL MEDICAL INSPECTIONS, 1961.

## SUMMARY OF DEFECTS.

| | BOYS | | | | | | | | | | | | | | | GIRLS | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Group I | | | Group II | | | Group III | | | Group IV | | | Group V | | | Group I | | | Group II | | | Group III | | | Group IV | | | Group V | | | |
| | O | T | R | O | T | R | O | T | R | O | T | R | O | T | R | O | T | R | O | T | R | O | T | R | O | T | R | O | T | R | Totals |
| Cleanliness: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Body | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Teeth | 16 | 43 | — | 15 | 40 | — | 16 | 26 | — | 15 | 22 | — | 2 | 6 | — | 33 | 19 | — | 16 | 40 | — | 8 | 21 | 1 | 6 | 21 | — | 4 | 11 | — | 381 |
| Skin | 12 | 2 | — | 6 | 5 | — | 7 | 2 | 2 | 5 | 2 | — | 3 | — | 1 | 9 | 4 | — | 5 | 7 | — | 4 | 3 | — | 13 | 4 | — | 2 | 2 | — | 100 |
| Eyes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision | — | 1 | — | 3 | 14 | 6 | 3 | 4 | 26 | 3 | 38 | — | 1 | 1 | 7 | 5 | 2 | 2 | 4 | 12 | 4 | 2 | 19 | — | 4 | 1 | 15 | 1 | 5 | 1 | 184 |
| Squint | 4 | 3 | 1 | 1 | 1 | 1 | — | 1 | — | — | 3 | 1 | 1 | — | — | 2 | — | — | 1 | — | — | — | — | — | — | — | — | 2 | 3 | — | 25 |
| Other | 3 | — | — | 2 | 1 | — | 3 | 1 | — | 1 | — | — | 1 | — | — | — | — | — | 1 | — | — | 6 | — | — | — | — | — | 1 | — | — | 20 |
| Ears: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hearing | — | 2 | — | 1 | — | — | 3 | — | — | 2 | 2 | — | — | 1 | — | 2 | — | — | — | 1 | — | — | — | — | — | 1 | — | — | — | — | 15 |
| Otitis Med. | 2 | 3 | — | — | 3 | — | 3 | 2 | — | 1 | 3 | — | — | 1 | — | 4 | 6 | — | — | 4 | — | 2 | 6 | — | 1 | 1 | — | 1 | — | — | 43 |
| Other | 13 | 6 | — | 2 | 4 | — | 2 | 2 | — | 1 | 8 | — | — | — | — | 6 | 4 | — | 3 | 4 | — | 4 | 5 | — | 3 | 2 | — | 6 | 1 | — | 76 |
| Nose/Throat | 30 | 44 | — | 9 | 14 | 1 | 11 | 9 | — | 2 | 20 | — | 5 | 5 | — | 23 | 47 | 1 | 11 | 27 | — | 5 | 11 | — | 6 | 4 | — | 5 | 7 | — | 297 |
| Speech | 1 | 3 | — | — | 4 | — | 2 | 1 | — | — | 2 | — | 3 | — | — | 3 | — | — | 2 | 1 | — | — | — | — | 1 | — | — | — | — | — | 23 |
| Cervical Glands | 11 | — | — | 5 | — | — | 3 | 4 | — | 1 | 2 | — | — | — | — | 14 | — | — | 5 | — | — | 2 | — | — | 1 | 2 | — | — | — | — | 50 |
| Heart/Circulation | 9 | 1 | — | 9 | — | — | 17 | — | — | 19 | — | — | 2 | — | — | 17 | — | — | 11 | — | — | 5 | — | — | 7 | — | — | 4 | — | — | 101 |
| Lungs | 23 | 39 | — | 7 | 21 | — | 19 | 24 | — | 6 | 17 | — | 2 | 5 | — | 16 | 20 | — | 13 | 16 | — | 11 | 9 | — | 7 | 3 | — | 5 | 6 | — | 269 |
| Development: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hernia | — | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 |
| Other | 1 | — | — | 2 | 1 | — | 2 | — | — | — | — | — | 2 | — | — | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — | — | — | 10 |
| Orthopædic: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Posture | 7 | 4 | — | 16 | 19 | — | 16 | 21 | — | 15 | 29 | — | 2 | — | — | 2 | 2 | — | 2 | 3 | — | 8 | 16 | — | 8 | 15 | — | 1 | 1 | — | 187 |
| Flatfoot | 5 | 4 | — | 7 | 11 | — | 21 | 21 | — | 13 | 20 | — | 1 | 1 | — | 3 | 2 | — | 7 | 10 | — | 15 | 10 | — | 11 | 6 | — | 1 | 3 | — | 172 |
| Other | 18 | 4 | — | 10 | 11 | — | 13 | 10 | — | 5 | 11 | — | 4 | 4 | — | 20 | 15 | — | 13 | 8 | 1 | 24 | 14 | — | 14 | 13 | — | 7 | 10 | — | 229 |
| Nervous System: | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Epilepsy | — | — | — | — | — | — | 1 | 1 | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 4 |
| Other | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | 2 |
| Psychological: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 |
| Stability | 2 | — | — | 2 | — | — | 1 | — | — | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 7 |
| Pallor of M.M. | 1 | 2 | — | — | — | — | — | 2 | — | — | 3 | — | — | — | — | — | 2 | — | — | — | — | — | 4 | — | — | 1 | — | — | — | — | 15 |
| TB Urinary System | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 |
| Eneuresis | 2 | — | — | 3 | — | — | 2 | — | — | — | — | — | — | 1 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 10 |
| Migraine | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | 2 |
| Asthma | 2 | 1 | — | 1 | — | — | — | — | — | — | 1 | — | — | — | — | 2 | — | — | — | — | — | — | 1 | — | 1 | — | — | — | — | — | 9 |
| Obesity | 1 | — | — | 1 | 1 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 5 |
| Thyroid | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | 1 |
| Post Cerebral Malaria | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Cystitis | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Abdomen | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 |
| U.D.T. | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Totals | 166 | 162 | 1 | 107 | 150 | 8 | 148 | 131 | 28 | 91 | 184 | 1 | 30 | 25 | 8 | 164 | 123 | 3 | 96 | 133 | 5 | 99 | 119 | 1 | 85 | 74 | 15 | 42 | 49 | 1 | 2,249 |

O...Defects requiring observations. T...Defects requiring treatment. R...Defects referred to Specialist.

# SCHOOL MEDICAL INSPECTIONS, 1961.

| | No. examined | Boys | Girls | No. with Defects | Boys | Girls |
|---|---|---|---|---|---|---|
| GROUP I.<br>5—6 years ... ... ... | 606 | 314 | 292 | 373 | 209 | 164 |
| GROUP II.<br>9 years... ... ... ... | 498 | 262 | 236 | 323 | 163 | 160 |
| GROUP III.<br>12 years ... ... ... | 556 | 286 | 270 | 320 | 170 | 150 |
| GROUP IV.<br>15 years and leavers ... | 493 | 283 | 210 | 304 | 185 | 119 |
| GROUP V.<br>Specials and re-examinations ... ... ... | 151 | 56 | 95 | 93 | 38 | 55 |
| | 2,304 | 1,201 | 1,103 | 1,413 | 765 | 648 |

| | | | |
|---|---|---|---|
| Total No. of children examined : | Boys : | 1,201 | 2,304 |
| | Girls : | 1,103 | |

DIPHTHERIA IMMUNISATIONS :

| | | | |
|---|---|---|---|
| *Primaries* : | Boys : | 88 | 169 |
| | Girls : | 81 | |
| *Boosters* : | Boys : | 476 | 941 |
| | Girls : | 465 | |

| | | | |
|---|---|---|---|
| Up-to-date immunisations : | Boys : | 427 | 827 |
| | Girls : | 400 | |
| Total No. of children immunised and Up-to-date at end of 1961 : | Boys : | 991 | 1,937 |
| | Girls : | 946 | |
| | | = 84% of the whole. | |
| VACCINATIONS : Up-to-date : | Boys : | 845 | 1,625 |
| | Girls : | 780 | |
| | | = 70% of the whole. | |

## SCHOOL DENTAL CLINIC.

I have the honour to report on the work of the School Dental Clinic for 1961.

The same number of school children were examined in 1961 as in the previous year and I am glad to report that the number requiring treatment has fallen appreciably. This is some measure of the effectiveness of a full-time School Dental Service. The other encouraging feature is that although the number of fillings done is about the same, the number of extractions has fallen considerably. At the same time the amount of orthodontic work has more than doubled.

The main problem now is the number of children who are refused treatment on the grounds that they will receive it elsewhere, but at the next inspection are seen to have had no treatment at all in the interval. This would seem to be a problem in dental health education of the parents which will have to be solved if these numbers are to be reduced.

I would again like to thank all the Head teachers for their help in the past year.

I. J. CAMPBELL,
*School Dental Officer.*

### SCHOOL DENTAL CLINIC 1961.

| | 1961 | 1960 | 1959 |
|---|---|---|---|
| Number inspected | 5439 | 5434 | 1126 |
| Number needing treatment | 3103 | 3568 | 991 |
| Number consenting to treatment | 1934 | 2479 | 827 |
| Per Cent treated | 62.3 | 69·4 | 73·4 |
| Number of first visits | 2422 | 2610 | 585 |
| Total attending | 7939 | 7917 | 1326 |
| Number of fillings (P) | 5907 | 6205 | 1242 |
| Number of fillings (T) | 754 | 726 | 77 |
| Number of teeth filled (P) | 4629 | 4575 | 771 |
| Number of teeth filled (T) | 975 | 1451 | 452 |
| Number of teeth extracted (P) | 912 | 1095 | 119 |
| Number of teeth extracted (T) | 1238 | 1817 | 249 |
| Number of visits for orthodontic treatment | 584 | 268 | 12 |

(P)—Permanent. (T)—Temporary.

# REPORT OF THE CHIEF SANITARY INSPECTOR, 1961.

I have the honour to submit the Annual Report on the work of the Sanitary Inspectors' Department for the year ended 31st December, 1961.

This has been my first year in office as your Chief Sanitary Inspector and I am pleased to record that the work of the Department has proceeded smoothly. Mr. P. Beresford, whose appointment followed from the retirement of Mr. L. Hammond, commenced duties in February, and adapted himself remarkably quickly to local conditions. It will be recalled that for administrative purposes the Island has hitherto been divided into two districts with a senior inspector and an assistant responsible for each. In order to make the best possible use of the intimate knowledge which an inspector gains of working continually in a prescribed area, it was decided through the year to depart from the previous system.

To this end areas of the town and country have been divided into four districts, three of which have been administered by a district inspector with the Chief Inspector holding a watching brief and the fourth district looked after jointly between the Chief Inspector and Mr. Bridge, the specialist for milk and food and drugs.

This system has produced greater efficiency but it is open to question whether or not the Chief Inspector should of necessity be employed in routine district duties to the detriment of departmental administration.

In a further effort to implement the Public Health Committee's recommendation for the appointment of an additional inspector an interview with the Civil Service Board took place in April. The urgent work is in the field of slum clearance and re-development and although the Board did not agree to the full-time appointment of an additional sanitary inspector for this purpose Mr. Hammond, the recently retired Chief Sanitary Inspector, was subsequently asked to undertake housing surveys on a temporary basis. We welcome his return to our ranks, but would again stress the necessity for the appointment of an additional inspector to bring the complement up to the normally accepted number for the size of population and duties involved.

The most important new impact on the Department during the year was the introduction of the Building Byelaws in January, this was a measure which all associated with the trend of building in Jersey had long found necessary. We were very pleased to be reinforced on this front during the year by Mr. A. Humphrey, as a qualified Building Inspector, and welcomed his appointment.

The more salient features of the work of the Department during the year are given on the following pages.

## SUMMARY OF WORK IN CONNECTION WITH THE LAW ON PUBLIC HEALTH, 1934, AS AMENDED.

Details of plans received for consideration during the year are as follows :—

| | 1960 | 1961 |
|---|---|---|
| Plans submitted ... ... ... ... ... ... | 1921 | 1760 |
| Plans approved ... ... ... ... ... ... | 1408 | 1354 |
| Plans which were, on report rejected by the Public Health Committee ... ... | 55 | 34 |

The plans approved fell into the following categories :—

| | 1960 | 1961 |
|---|---|---|
| Houses ... ... ... ... ... ... ... ... | 70 | 145 |
| Bungalows ... ... ... ... ... ... ... | 177 | 183 |
| Flats ... ... ... ... ... ... ... ... | 335 | 257 |
| Offices ... ... ... ... ... ... ... ... | 36 | 44 |
| Garages ... ... ... ... ... ... ... ... | 268 | 216 |
| Greenhouses ... ... ... ... ... ... ... | 65 | 86 |
| Shops ... ... ... ... ... ... ... ... | 38 | 26 |
| Alterations and additions ... ... ... | 461 | 308 |
| Workshops, stores, sheds ... ... ... | 126 | 117 |
| Miscellaneous ... ... ... ... ... ... | 141 | 190 |
| Sub-stations ... ... ... ... ... ... ... | 19 | 21 |
| Dormer windows ... ... ... ... ... ... | 39 | 47 |
| Conversion of outbuildings to living accommodation ... ... ... ... ... | 13 | 20 |
| Chicken houses ... ... ... ... ... ... | 6 | 5 |

The Building Byelaws (Jersey), 1960 became operative on the 1st January, 1961, and although their implementation has necessitated additional work the opinion departmentally is that this form of building control was long overdue. Initially there were mixed feelings among the local architects and builders on the point, some being in favour and others tending to deplore the introduction of this form of control. A year of experience, however, appears to have smoothed out the original antipathy.

Both the Sanitary Inspectors and the Building Inspector are concerned with the application of the Byelaws. The former are concerned with those articles dealing with building sites, ventilation, space about buildings, drainage and sanitary fittings, etc., and the latter with matters relating to structural details. There is no doubt that the specific requirements of the Byelaws have materially assisted the Department in assessing the various problems arising from building applications. Although the Department's decisions were seldom challenged in the past, the Building Byelaws now ensure that rejection of any plan is substantiated by an authoritative backing.

It has been found that a twice-weekly vetting of plans prior to registration with the Public Health Department is necessary. This preliminary examination is undertaken by a sanitary inspector, the architectural adviser to the Island Development Committee, the building inspector, the assistant Main Roads surveyor and a representative from the Parish of St. Helier. The interests of the Sewerage Board are safe-guarded by daily liaison between that Department and Public Health. It is thus ensured that the plans are acceptable in principle before being considered at Committee level, although amendments are frequently called for by officers of the various Departments before final approval can be given.

The implications of the Byelaws and administrative work arising therefrom has involved an additional time lag between the dates of receipt and approval of plans. It is to be hoped, however, that applicants will gradually become educated to the requirements of the Byelaws and will, as far as practicable, provide plans complying therewith and so avoid the waste of time involved in having amended drawings prepared. It is worthy of note that, over the past few months, the standard of plans received is of a progressively higher order.

## HOUSING.

Early in the year the Department undertook the first-ever serious attempt on a housing survey. Preliminary discussions with the Housing Committee resulted in the $4\frac{3}{4}$ acres area bounded by Great Union Road, Journeaux Street, Aquila Road, Lemprière Street and Devonshire Place, being selected for the purpose. The Housing Committee had already under its control a number of dwellings in the area and from previous knowledge it was estimated that a high proportion of properties would be found on full inspection to be unfit for occupation. These two factors influenced the decision that this particular area should be the ‘ guinea-pig ’ and, it was hoped, the fore-runner of similar future schemes.

On instruction from the Public Health Committee a concentrated effort was made in order to carry out the inspections and to produce the report as quickly as possible so that the routine work of the Department would not be unduly disrupted. In point of fact the report was produced in a little over three weeks whereas it had been anticipated that two weeks would have sufficed. Even so many hours of work outside normal working hours were necessary to produce the report and tabulated details. Considerable time was expended in gaining access to properties in cases where husband and wife were both working.

Our original estimate of the condition of the living accommodation in the area was amply borne out by the detailed inspections.

The dwellings were assessed in four categories as follows :—

| | No. of dwellings. |
|---|---|
| *Category* 1. | |
| Dwellings fit in all respects | 6 |
| *Category* 2. | |
| Dwellings showing minor defects only | 28 |
| *Category* 3. | |
| Dwellings with major defects but capable of repair at a reasonable expense | 36 |
| *Category* 4. | |
| Sub-standard dwellings incapable of repair at a reasonable expense (including all back-to-back type dwellings irrespective of their structural condition) | 84 |
| Total | 154 |

It is felt that this area represents a fair cross-section of working class accommodation in the older parts of St. Helier. Generally the properties are badly arranged and the number of back to back type dwellings (60 or 39%) might well prove to be about the average in areas of this type.

Copies of the report were forwarded on request to the Housing and Natural Beauties Committees and the Department was subsequently asked to undertake further surveys. Experience gained in the initial effort indicated that the existing staff could not hope to deal with demands of this nature particularly as the work would be continuous and would progress from area to area.

It was at this point that Mr. Hammond was approached by the Civil Service Board and later in the year agreed to continue the work. The area chosen for the next survey was that embraced by Hue Street, Union Street, Dumaresq Street and Le Geyt Street, an area of about 1¾ acres and some 60 odd dwellings and commercial premises. This area was chosen not only by reason of the large proportion of sub-standard properties known to exist there but also by reason of its significance in relation to recommendations contained in the Barrett report.

This survey work is essential in any scheme of slum clearance ; wholesale demolition of insanitary areas must surely follow.

Now that some of the preliminary work has been done it is to be hoped that the necessary means and direction will be forthcoming to further this into actual demolition of bricks and mortar. The appearance of flattened areas where worn-out dwellings now exist will indicate real progress in this direction.

## DETAILS OF DWELLING HOUSES WHICH HAVE UPON REPORT BEEN CONDEMNED AND CLOSED BY ACT OF THE PUBLIC HEALTH COMMITTEE AS BEING UNFIT FOR HUMAN HABITATION.

| Number of houses condemned | Position | Date of Report | Result of action taken |
|---|---|---|---|
| 1 | Second floor attic,<br>1, Providence Lane,<br>St. Helier. | 23.1.61 | Vacated |
| 1 | 9, Lewis Street,<br>St. Helier. | 23.1.61 | Demolished |
| 2 | Rear of 2, Poonah Lane,<br>St. Helier. | 2.61 | Still occupied |
| 1 | Two rooms,<br>The People's Café,<br>12, Sand Street,<br>St. Helier. | 20.3.61 | Vacated |
| 1 | Rear of 55, New Street,<br>St. Helier. | 20.10.61 | Vacated |
| 1 | 31, Seaton Place,<br>St. Helier. | 3.11.61 | Still occupied |
| 1 | Two caravans,<br>La Vieille Forge,<br>Route de Millais,<br>St. Ouen. | 13.11.61 | Still occupied |
| 1 | 29, Kensington Place,<br>St. Helier. | 17.11.61 | Partially vacated |
| 1 | 2, Providence Lane,<br>St. Helier. | 18.12.61 | Still occupied |
| 1 | Rosedene,<br>Fauvic Common,<br>Grouville. | 18.12.61 | Still occupied |
| 1 | 2, Wesley Cottages,<br>St. Saviour's Road,<br>St. Helier. | 18.12.61 | Vacated |

## CLOSING ORDERS RESCINDED.

| Number of houses | Position | Date of Report |
|---|---|---|
| 1 | Cottage, 6/12, Kensington Place, St. Helier, | 19.6.61 |
| 1 | Rock Cottage, St. Peter. | 23.10.61 |

*Improvements to Dwelling Houses.*

| | | |
|---|---|---|
| 1. | Number of existing dwellings provided with new sanitary fittings ... ... ... ... ... ... | 111 |
| 2. | Number of existing dwellings provided with water carriage drainage ... ... ... ... | 44 |
| 3. | Number of existing dwellings structurally re-conditioned ... ... ... ... ... ... ... | 28 |
| 4. | Number of existing dwellings connected from septic tank and soakaway to sewer... | 34 |

## CAMPING SITES.

Inspections of camping sites during the year have brought to light many disquieting features. Although the Public Health Committee has a measure of control through the provisions of the Moveable Dwellings (Jersey) Regulations, 1948, that control is difficult to apply in the absence of specific standards of accommodation.

It is proposed that during 1962 recommendations will be made to the Public Health Committee regarding sanitary accommodation, water supply, washing facilities, space between tents, etc. Armed with specific standards we can do much to improve the amenities on camping sites. There is little doubt that tented accommodation is becoming more and more popular and the camper is entitled to expect each site to be conducted in a satisfactory manner.

## WATER SUPPLY.

Samples taken for :—

| | Satisfactory | Unsatisfactory | Total |
|---|---|---|---|
| Chemical analysis ... ... | 68 | 61 | 129 |
| Bacteriological examination | 70 | 49 | 119 |

SOURCES SAMPLED.

| | No. | Satis-factory. | Unsatis-factory. | Improved. | Con-demned. |
|---|---|---|---|---|---|
| Wells ... ... ... | 93 | 44 | 49 | 2 | 3 |
| Springs ... ... ... | 9 | 6 | 3 | — | — |
| Streams ... ... ... | 5 | — | 5 | — | — |
| Rainwater storage ... | 8 | 5 | 3 | — | — |
| Bore Tubes ... ... | 10 | 7 | 3 | — | — |
| Treated Supplies ... | 2 | 2 | — | — | — |

| | |
|---|---|
| Number of samples which contained excessive lead ...... | 6 |
| Number of samples which contained excessive copper ... | 9 |
| Number of samples which contained excessive zinc ...... | 10 |

## CLEAN FOOD AND DRINK.

The Department is still hampered to a degree by the lack of adequate Food and Drugs legislation. It is understood that a new law is in course of preparation and will amalgamate under one heading the various legislation dealing with the many aspects of food control. It is to be hoped that this will quickly be followed by Food Hygiene Regulations.

It is useful for the Department to have the backing of statutory standards in dealing with premises where food is prepared, stored, sold or consumed but it has nevertheless been found that a tactful approach to the management invariably achieves our objective. Education of the individual food handler in the basic principles of personal and environmental hygiene is of prime importance and is the foundation on which a safe food supply can be assured.

The erection, extension or alteration of any food premises necessitates the submission of plans which are examined, in common with all building plans, in the Sanitary Inspectors' Department. We can thus be assured that adequate provision is made in respect of sanitary accommodation, water supply, lighting and ventilation and refrigerated space in these cases.

During the year the following inspections were carried out :—

| | | No. of Inspections |
|---|---|---|
| 1. | Food preparation premises | 122 |
| 2. | Licensed premises | 107 |
| 3. | Mobile vans | 16 |

The mobile van in use as a snack bar, if improperly equipped and conducted, could well become a danger to health. The system of registering these vans annually ensures that each is provided with an adequate supply of hot and cold water, means of drainage, covered food storage accommodation, etc. Spot checks during the year have shown that the vans are maintained in a satisfactory condition.

## PRODUCTION OF CLEAN MILK.

### Phosphatase Test. (*Efficiency of Pasteurisation*).

Two hundred and thirty samples of milk were taken at all stages from dairy to consumer. One sample only, was unsatisfactory. These results together with the satisfactory analysis figures show that milk as supplied to the public is bacteriologically safe and of good quality.

## FOOD AND DRUGS SAMPLES.

| Nature of sample | No. of samples taken | Genuine | Remarks |
|---|---|---|---|
| Milk | 233 | 233 | — |
| Condensed Milk.. | 3 | — | These were examined as to fitness for human consumption and were unsatisfactory due to ageing. |
| Cream | 19 | 19 | |
| Jam | 6 | 6 | |
| Tea | 12 | 12 | |
| Peas | 6 | 6 | |
| Analysic tabs. | 6 | 6 | |
| Oysters | 4 doz. | 4 doz. | In addition to chemical examination these oysters were examined bacteriologically and were satisfactory. |

### RADIATION HAZARD TESTS.

The resumption of atomic explosions by the Russians during 1961 made it advisable to carry out tests on the Island's milk supply.

The first evidence of contamination is shown by the presence in the milk of the isotope 1-131 (radioactive iodine). Samples taken during November and December were examined and the results indicated that the contamination was not sufficient to constitute a hazard to health.

## UNSOUND FOOD.

Unsound food examinations numbered two hundred and twelve and certificates of condemnation for human consumption were issued, the total weight of 6 tons, 1 cwt. 9 lbs. being made up of :—

485 lbs. miscellaneous goods.
2,538 lbs. fruit and vegetable.
887 lbs. fish. 749 lbs. cheese.
8,870 lbs. meat and meat products.

## SEWER CONNECTIONS.

Although many new sewer connections were effected, the general activity in this direction diminished considerably during the current year due to the reduced sewer laying programme while the Sewerage Board concentrated on the Bellozanne Works.

It is most important that more properties are connected annually to sewers than are being built and drained to septic tank installations, and it is to be hoped that sewer laying will not long be delayed.

The immediate Public Health recommendations of existing areas to the Sewerage Board on the basis of urgent sanitary need remains unaltered from that of 1960, with the exception of Route Orange, St. Brelade, now laid but awaiting completion of pumping stations. The list is as follows :—

(1) Court Drive, Mainlands District, Bel Royal and half-way to Beaumont, St. Lawrence.

(2) Green Island to Le Hocq Lane.

(3) Tabor Chapel, Red Houses, Route Orange and district, St. Brelade.

(4) Marina Avenue to Samarès Lane.

(5) Les Landes Avenue, St. Brelade.

(6) St. Anne's Hill, Chestnut Lea, St. Helier.

(7) Mont Nicolle, Head of Mont Sohier, Holmfield Avenue, Tabor Chapel, Tabor Lane, to Pont Marquet Cross Roads, St. Brelade.

## CESSPOOL EMPTIERS.

The Department now has six vehicles in operation, the latest acquisition having been delivered in July, 1961, a little late for the seasonal rush of orders but welcome none the less.

As will be seen from the tabulated details, 1961 showed an increased demand over the previous year for emptying services, despite the number of existing properties being connected to sewers.

| | | | Accumulative Totals. | |
|---|---|---|---|---|
| Month | Jobs | Loads | Jobs | Loads |
| January ... ... | 237 | 379 | 237 | 379 |
| February ... ... | 359 | 543 | 596 | 922 |
| March... ... ... | 332 | 558 | 928 | 1480 |
| April ... ... ... | 279 | 488 | 1207 | 1968 |
| May ... ... ... | 363 | 645 | 1570 | 2613 |
| June ... ... ... | 353 | 622 | 1923 | 3235 |
| July ... ... ... | 380 | 638 | 2303 | 3873 |
| August ... ... | 469 | 797 | 2772 | 4670 |
| September... ... | 407 | 713 | 3179 | 5383 |
| October ... ... | 281 | 482 | 3460 | 5865 |
| November ... ... | 257 | 450 | 3717 | 6315 |
| December ... ... | 241 | 396 | 3958 | 6711 |

| | 1960 | 1961 |
|---|---|---|
| Installations emptied ... ... | 3,649 | 3,958 |
| Number of loads ... ... ... | 6,388 | 6,711 |

Further sewer extensions in the future will tend to ease the position but the hard core of properties requiring the services of the emptiers will always be with us. These are properties in the country districts and cafés, hotels and guest houses in or adjacent to the popular bays which are unlikely ever to be sewered. Many sewage disposal plants intended and capable of dealing with the flow from a normal household are now grossly over-loaded during the summer months due to a change of user from domestic to commercial accommodation. The Department is acutely conscious of the nuisance which can so easily arise from these premises and every effort is made to induce proprietors to provide additional means of disposal. All too frequently, however, lack of space and unsatisfactory sub-soil conditions mean that additional facilities are impracticable.

In spite of the new cesspool emptier and overtime working, delays again occurred in honouring orders during the summer months. Three of the vehicles are of some antiquity (23, 16 and 14 years) and are not fully efficient ; an addition to the fleet will be essential in the immediate future.

Negotiations started in 1960 resulted in a new discharge point being provided in the Jersey Electricity Company's premises at Mont-à-l'Abbé. The co-operation of the Company is much appreciated in this connection.

## DISINFECTIONS AND DISINFESTATIONS.

| | |
|---|---|
| Number of rooms disinfected for infectious diseases ... | 87 |
| Number of bundles of bedding and clothing disinfected... | 390 |
| Number of mattresses disinfected ... ... ... ... ... | 242 |
| Number of rooms disinfested ... ... ... ... ... ... | 385 |
| Number of books disinfected ... ... ... ... ... ... | 251 |

| | 1960 | 1961 |
|---|---|---|
| Drain Tests ... ... | 970 | 1,079 |

## PEST DESTRUCTION.

| | |
|---|---|
| New Inspections ... ... ... ... ... ... | 239 |
| Re-Inspections and Re-Visits ... ... | 1,893 |
| Spraying for cockroaches, flies, etc. ... | 59 |

Two vessels arriving in St. Helier Harbour with Deratting Exemption Certificates which had expired were examined, found free of evidence of rats, and issued with new Exemption Certificates in accordance with Article 52 of the International Sanitary Regulations.

In conclusion I would like to express my appreciation of the manner in which members of the Department have all worked in harmony as a team. We are indebted to Dr. Darling and to the members of the Public Health Committee for their encouragement and support.

R. F. KNOWLES,
*Chief Sanitary Inspector.*

# CARE OF THE AGED.

Under the scheme of boarding out those elderly and infirm that can no longer care for themselves, places were found during 1961 for another 13 old people. As can be seen from the table at the end of this report those removed for various reasons totalled 18, so that at the end of the year only 31 remained in private homes. This scheme is, as a rule, only applicable to those that are ambulant and whose habits are socially acceptable. Even so, difficulty is now being experienced in finding enough homes and it may be that the basic payment to the landlady may have to be raised. Ground floor accommodation, for those unable to cope with stairs, is especially hard to find. Those concerned with boarding out children have had to supplement the foster homes available by acquiring houses themselves and putting " families " into them under the care of a couple. Perhaps this method might also be applied to the boarding out of the ambulant aged, thus helping to bridge the gap between the person's own home and the institution.

More could be done to help keep the old in their own homes. An expansion of the Home Help Service is urgently needed and this might entail the service being taken over and developed by the States. This will still leave much to be done by other voluntary agencies. There is a great fund of goodwill and voluntary effort available in the Island. What is required in this connection is more efficient co-ordination of the efforts of the different associations at work. It is hoped that this will be achieved by the formation of a central co-ordinating committee or " Old People's Welfare Committee ".

The end of 1961 was marked by a visit to the County of Cornwall by members of the Public Health Committee and their officers on a tour of inspection arranged by the ever-helpful Ministry of Health. What was seen there of the geriatric and welfare services developed under the County Medical

Officer of Health, Dr. Curnow, was both a stimulant and a challenge. There we saw a team at work comprised of the Medical Officer of Health, his chief Welfare Officer and a consultant geriatric physician. Institutional and domiciliary services were working together in harmony and close co-operation and the various voluntary agencies were helping wherever there was need. We already have in Jersey a nucleus of provision for the aged around which to build. We have the admirable old people's accommodation provided by the Housing Committee in their various housing schemes. This might be improved by the addition of a warden in certain localities and this matter will be the subject of discussion between the Committees concerned. We have the Victoria and King George V Cottage Homes operating under their States' Committee and already providing a warden service. The need here is for more single accommodation. We have the Boarding out Scheme provided by the Public Health Committee and supervised by the health visitors of the Family Welfare Centre under the Superintendent, Miss Joliffe. " Meals on Wheels " is a task due to be undertaken shortly by a voluntary agency with States and Parish help. A club, home visiting and help in shopping already exist in varying degrees as voluntary efforts. Actually at work in the homes are the too small band of home helps provided by a voluntary agency, the District Nurses and Health Visitors provided by the Jersey District Nursing Association and Family Welfare Centre and the welfare workers of the Parish of St. Helier.

Voluntary agencies, Parish workers and States' Committees are altogether in this great task. The greatest needs at the moment are :—

(1) The provision of institutional accommodation in the shape of an acute geriatric unit and a chronic sick unit built for the purpose.

(2) The further development and co-ordination of the domiciliary services.

These needs are known and steps have already been taken to meet them. By the time the Report for 1963 is being written I hope there will be much progress to report.

## BOARDING OUT SCHEME FOR THE AGED AND INFIRM.

| | Male | Female | Total |
|---|---|---|---|
| Number of elderly and infirm boarded out 1/1/61 ... ... ... ... ... ... | 16 | 20 | 36 |
| Number of persons added during the year ... ... ... ... ... ... ... | 1 | 12 | 13 |
| Number of persons removed during the year ... ... ... ... ... ... ... | 3 | 15 | 18 |
| Number of persons boarded out 31/12/61 ... ... ... ... ... ... ... | 14 | 17 | 31 |
| **Causes of removal during Year.** | | | |
| Admitted to institutions ... ... ... | 2 | 12 | 14 |

There were no deaths in the homes during the year, but of the 14 admitted to institutions 6 died. One returned home and three were boarded out privately.

## JERSEY DISTRICT NURSING ASSOCIATION AND FAMILY WELFARE CENTRE.

The Jersey District Nursing Association and the Family Welfare Centre continue to render a most valuable service to the Island. The Public Health Committee subsidises both organisations heavily and in return receives the utmost help and co-operation. The work of the nurses and health visitors is co-ordinated through the control of one nursing superintendent, and this arrangement works well. Duties carried out directly at the request of the Public Health Committee include, attendances at school medical inspections; immunisations and vaccinations in school, homes and clinics and, in the case of B.C.G. at the Maternity Hospital; supervision of old people who are boarded out and investigation of problem families. With the recent increase in birth rates the work of the health visitors has increased very considerably and it must now be realised that three health visitors are not enough for an Island of this size. It is hoped that an increase in the number of health visitors will be made possible in 1963.

## HOME HELPS ORGANISATION.

This voluntary agency continues to give as much help as it is able with its limited resources both in money and in manpower. There is a great need for an expansion of this service.

# CREMATORIUM.

On 19th December, 1961, the long awaited Crematorium was completed at Westmount in the Strangers' Cemetery near Overdale Hospital, and to mark the occasion a Service of Dedication was conducted by the Very Rev. A. S. Giles, the Dean of Jersey, and the Rev. W. N. C. Wooldridge, President of the Free Church Federal Council, in the presence of the Governor, the Deputy Bailiff, the President and Members of the Public Health Committee, other Members of the States and other invited guests. After the Service a plot of ground in the Garden of Remembrance was consecrated by the Dean of Jersey for the scattering of the ashes.

The new chapel was designed by members of the Public Works Department and its very pleasing appearance has evoked much praise from all who have seen it. At the moment only one cremator has been installed and this is proving very satisfactory in operation.

The Public Health Committee has been fortunate in securing the services of Mr. T. C. Hamon as its first Crematorium Superintendent. He has brought to his task long experience in the profession of funeral undertaking and before taking up his duties he spent a period of time at Mortlake Crematorium where he learnt all that was needed for the efficient carrying out of his new work. The Public Health Committee is much indebted to the course of training given, not only to Mr. Hamon, but also to his assistant Mr. Duhamel, by Mr. Peters, the Superintendent of the Mortlake Crematorium, who has spared no effort in imparting the necessary knowledge and training.

From the date of its opening to the end of December, 11 cremations were carried out. It will take some time before the idea of cremation becomes generally accepted, but there is no doubt that the demand for cremation will grow steadily and it is estimated that within a few years between one-third and one-half of the deaths occurring annually in Jersey will be dealt with by cremation rather than by the orthodox form of interment.